

EXPENSE REPORTING FORM

Name: Chris Feindel

Title: Board Member

Reporting Period: April 1 to September 30, 2020



Date			Amount	Expense Category	Description
Month	Date	Year			
September	2	2020	\$ 104.00	Travel - Own Use (mileage)	PRHC Board Related Committee / Meeting

Definitions:

- Date(s): When expenses were incurred
- Amount: The value of the approved expense
- Expense Category: The type of expense incurred:
 - Meal
 - Travel
 - o Accommodation
 - o Travel incidentals (insurance, parking, tolls, etc.)
 - o Vehicle rental or own use (mileage)
 - o Taxi or public transportation
 - o Train or air travel
 - o Vehicle Rental
- Description: Notes explaining the context in which the expenses were incurred or any other relevant details.

 November 3, 2020

Peterborough Regional Health Centre

Claim form: Reimbursement of Board Travel Expenses

Period: July 1-Sept 30,2020

Date Incurred	Travel Fare	Kilometers	Rate - \$0.40/km	Parking	Hotel	Meals	Purpose	Total Claim
Sept 2,2020		260	\$ 104.00				Mtg with Board Chair	\$104.00
Totals:	\$0.00	260	\$104.00					\$104.00

Name: Chris Feindel

Mailing Address: 99 college view ave, Toronto, M5P 1K2

Phone Number: 416-464-0783

Signature: 

Date Submitted: Oct 14,2020

Select Form Type:

Cheque Requisition

DO NOT COMPLETE A CHEQUE REQUISITION FOR INVOICES WITH A PURCHASE ORDER NUMBER

Name: **FEINDEL CHRIS** Invoice Number: **EXPENSES14**
Company Name/Payer Name Invoice Date: **10-15-2020** Payment Currency: **CDN**
mm-dd-yyyy

Address: **99 College View Avenue, Toronto, ON M5P 1K2** Comments: **Mileage and other Board Related Expenses for July 1 to September 30, 2020**

Please fill in the Yellow fields. Fields in White do not need to be populated.
 For assistance contact Plexxus Customer Support at 1-866-897-8812, option 1.

Date: mm-dd-yy	Type	Department #	Account #	Description	KM	Tax Type	Tax Amt	TOTAL
	Other	711103000	6220000	Mileage		HST(13%)	11.96	104.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
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							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
TOTAL							\$11.96	\$104.00

DO NOT COMPLETE A CHEQUE REQUISITION FOR INVOICES WITH A PURCHASE ORDER NUMBER

Requisition Signature: **Margaret Clark** *M. Clark* Email Address: **mclark@prhc.on.ca** 3903 ext
 Authorization Signature: **Louis O'Brien** *Louis O'Brien* Email Address: **louis.obrien@rogers.com** n/a ext

Complete highlighted sections, save and forward by email to apbws@plexxus.ca or select the "Click to Send" button.
 Print one copy, attach all back-up, and forward to your Director/Manager for Approval.
 Please forward approved hard copy and backup/receipts to Plexxus Finance for processing.