

**EXPENSE REPORTING FORM**

Name: Robert Gibson

Title: Board Member

Reporting Period: April 1 to September 30, 2020



Date					
Month	Date	Year	Amount	Expense Category	Description
July	21	2020	\$ 27.20	Travel - Own Use (mileage)	PRHC Board Related Committee / Meeting
September	1	2020	\$ 27.20	Travel - Own Use (mileage)	PRHC Board Related Committee / Meeting
September	9	2020	\$ 27.20	Travel - Own Use (mileage)	PRHC Board Related Committee / Meeting
<del>October</del>	<del>1</del>	<del>2020</del>	<del>\$ 27.20</del>	<del>Travel - Own Use (mileage)</del>	<del>PRHC Board Related Committee / Meeting</del>

**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

Select Form Type: Cheque Requisition

PLEASE COMPLETE A CHEQUE REQUISITION FOR INVOICES WITH A PURCHASE ORDER NUMBER

Name: **GIBSON ROBERT**  
Company Name/Payee Name

Invoice Number: **EXPENSES21**

Invoice Date: **10-05-2020**  
mm-dd-yyyy

Payment Currency: **CDN**


Address: **7491 Bamsey Drive, Township of Hamilton, Northumberland, ON K0L 1E0**


Handling: **Mileage and other Board Related Expenses - July 1 to September 20, 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%)	12.52	108.80
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
							0.00	0.00
<b>TOTAL</b>							<b>\$12.52</b>	<b>\$108.80</b>

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

Requisition Signature: **Margaret Clark** Print  Signature **mclark@prhc.on.ca** Email Address **3903** ext

Authorization Signature: **Louis O'Brien** Print  Signature **louis.obrien@rogers.com** Email Address **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.

*Submitted 10/5/20*  
*BBS*

## Peterborough Regional Health Centre

Claim form: Reimbursement of Board Travel Expenses

Date Incurred	Travel Fare	Kilometers	Rate - \$0.40/km	Parking	Hotel	Meals	Purpose	Total Claim
21-Jul		68	\$27.20				Chief of Psy search	\$27.20
01-Sep		68	\$27.20				Meeting with Chair	\$27.20
09-Sep		68	\$27.20				Chief of Psy search	\$27.20
01-Oct		68	\$27.20				Chief of Psy search	\$27.20
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
<b>Totals:</b>	\$0.00	272	\$108.80	\$0.00	\$0.00	\$0.00		<b>\$108.80</b>

Name: Robert Gibson

Mailing Address: 7491 Bamsey Drive,  
Township of Hamilton, Northumberland, Ontario, K0L 1E0

Phone Number: 905 342 5777

Signature: 

Date Submitted: