

EXPENSE REPORTING FORM

Name: Caroline Gaffney

Title: Board Member

Reporting Period: October 1, 2025 to March 31, 2026



Date					
Month	Date	Year	Amount	Expense Category	Description
November	26	2025	\$ 25.00	Travel - Own Use (mileage)	PRHC Board Related Committee / Meeting
February	25	2026	\$ 25.00	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.

Employee/Physician Reimbursement Form

Date Requested: February 26, 2026
Name of Employee/Physician/Board of Director: Caroline Gaffney
Description of Expense(s): October 1, 2025 to March 31, 2026

List of Expense(s):

NOTE: Kilometers are reimbursed at \$0.50/kilometer

VENDOR	TOTAL
November 26, 2025 – Board Meeting – 50 KM	\$25.00
February 25, 2026 – Board Meeting – 50 KM	\$25.00
Total Amount Requested	\$50.00

I agree that the above expense(s) are true and correct and agree to the attached receipts. I also agree that these expenses may be entered for processing, on my behalf.

Caroline Gaffney

Caroline Gaffney

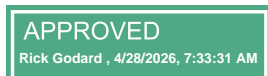
Signature

02/26/2026 EST

Date

One team, here when you need us most.

www.prhc.on.ca



Peterborough Regional Health Centre

1 Hospital Drive

Peterborough, ON K9J 7C6

705-743-2121