**EXPENSE REPORTING FORM**

PRHC
Peterborough Regional Health Centre

Name: Jim Timmins No Expenses to Report

Title: Board Member

Reporting Period: October 1, 2023 to March 31, 2024

| Date | | | | | |
|---|---|---|---|---|---|
| **Month** | **Date** | **Year** | **Amount** | **Expense Category** | **Description** |
| | | | | | |

**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.

Michelle Mueller
Michelle Mueller (Apr 25, 2024 15:37 EDT)