

## Nipigon District Memorial Hospital Posting of Expenses Form

**Name:** Dot Allen

**Title:** CNO

**Reporting Period:**  April 1, 2016-September 30, 2016 (to be posted by November 30, 2016)

Date	Amount	Expense Category	Description
June 15/16	\$103.20	Travel – Mileage	Meeting with Janzens - Contract
June 22/16	\$68.80	Travel – Mileage	Beardmore Clinic Introduction of CNO

**Definitions:**

**Date(s):** - when expense(s) were incurred

**Amount:** - the value of the approved expense

**Expense Category:** - the type of expense incurred

- Travel
  - Vehicle rental or own use
  - Train or air travel
  - Taxi or public transportation
  - Accommodation
  - Travel incidentals (insurance, parking, tolls)
- Meal
- Hospitality

**Description:** Notes explaining the context in which the expenses were incurred, or any relevant details.

**Whose expense claims must be posted:** Every member of the Board of Directors  
The Chief Executive Officer  
Every member of the Senior Management Team that report directly to the CEO