

## Nipigon District Memorial Hospital Posting of Expenses Form

**Name:** Sonja Stephenson

**Title:** CNO

**Reporting Period:**  April 1, 2012 – September 30, 2012 (to be posted by November 30, 2012)

Date	Amount	Expense Category	Description
Apr 18	97.61	Travel/Mileage	CNE Meeting – Thunder Bay
Apr 18	14.58	Travel/Meals	Lunch – CNE Meeting
Apr 19	97.61	Travel/Mileage	ONA Meeting – Thunder Bay
Apr 20	97.61	Travel/Mileage	ONA Meeting – Thunder Bay
June 11	41.38	Travel/Meals	CNO Retreat – Red Rock
June 12	14.38	Travel/Meals	CNO Retreat – Red Rock
June 13	103.20	Travel/Mileage	eHealth Summit – Thunder Bay

**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