

# Nipigon District Memorial Hospital

## Posting of Expenses Form

**Name:** Shannon Cormier

**Title:** CEO

**Reporting Period:** ☐ April 1, 2025-September 30, 2025(to be posted by November 30, 2025)

Date	Amount	Expense Category	Description
May 8	142	Mileage	RSSN meeting
May 14-15	218	Mileage	District CEO Group Strategic Planning meeting
June 16	140	Mileage	TBMHAN Strategic Planning Meeting

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