## YOUR HOSPITAL (MUST USE FORMAT AS PROVIDED IN DIRECTIVE - BELOW)

Name: Carrie Hayward Title: Board Chair

**Reporting Period:** April 01, 2024 to September 30, 2024

DATE	AMOUNT	EXPENSE CATEGORY	DESCRIPTION
September 11, 2024	\$155.04	Travel - Mileage	Attendance at Conference
September 11, 2024	\$21.46	Meals	Attendance at Conference

## YOUR HOSPITAL (MUST USE FORMAT AS PROVIDED IN DIRECTIVE - BELOW)

Name: Jeff Hohenkerk
Title: President/CEO

**Reporting Period:** April 01, 2024 to September 30, 2024

DATE	AMOUNT	EXPENSE CATEGORY	DESCRIPTION
July 10, 21024	\$69.36	Travel - Mileage	Attendance at Hospital Meeting
July 10, 21024			Attendance at Hospital Meeting
July 18, 2024		Meals	Attendance at Other HSP/Stakeholder Meeting
August 19, 2024	\$242.76	Travel - Mileage	Attendance at MOHLTC/LHIN/Government Meeting
August 19, 2024	\$36.00	Travel - Incidentals & Other	Attendance at MOHLTC/LHIN/Government Meeting
August 19, 2024	\$24.84	Meals	Attendance at MOHLTC/LHIN/Government Meeting
August 27, 2024	\$246.03	Meeting Expenses	Attendance at Event - Self & Other(s)
September 2, 2024	\$53.55	Hospitality	Attendance at Event - Self & Other(s)