

**Posting of Expenses**

**Name: Joy Richards**

**Title: VP, Patient Experience and Chief Health Professions**

**Reporting Period: October 1, 2016 to March 31, 2017**

<b>Date of Expense</b>	<b>Amount</b>	<b>Expense Category</b>	<b>Description</b>
October 1, 2016	\$ 25.00	Travel - Parking	Off Site Meeting
October 5, 2016	\$ 372.91	Travel - Airfare	Conference
October 31, 2016	\$ 32.47	Travel - Meal	Conference
October 31, 2016	\$ 42.00	Travel - Taxi	Conference
November 3, 2016	\$ 37.50	Travel - Taxi	Conference
November 3, 2016	\$ 56.50	Travel - Airfare	Conference
November 3, 2016	\$ 60.00	Travel - Taxi	Conference
November 4, 2016	\$ 970.91	Travel - Accommodation	Conference
December 9, 2016	\$ 25.00	Travel - Parking	Off Site Meeting
January 1-31, 2017	\$ -		No Expenses
February 24, 2017	\$ 1,174.43	Travel - Airfare	Conference
February 24, 2017	\$ 527.64	Travel - Accommodation	Conference
March 20, 2017	\$ 452.28	Travel - Airfare	Site Visit
	\$ 3,776.64	Total	

I hereby certify that the above expenses are accurate and complete.

Signature \_\_\_\_\_

\_\_\_\_\_ Title

\_\_\_\_\_ Date

Reviewed by:

Signature \_\_\_\_\_

\_\_\_\_\_ Title

\_\_\_\_\_ Date

Notes:

\*Statement not on file with PCARD Card Office

o - Details Not Provided