

Posting of Expenses

Name: Rebecca Repa

Title: EVP, Clinical Support and Performance

Reporting Period: April 1, 2020 to September 30, 2020

| Date of Expense | Amount | Expense Category | Description |
|------------------------|---------------|-------------------------|--------------------|
| April 1-30, 2020 | \$ - | | No Expenses |
| May 1-31, 2020 | \$ - | | No Expenses |
| June 1-30, 2020 | \$ - | | No Expenses |
| July 1-31, 2020 | \$ - | | No Expenses |
| August 1-31, 2020 | \$ - | | No Expenses |
| September 1-30, 2020 | \$ - | | No Expenses |
| | \$ - | 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