Posting of Expenses

Name: Susan Jewell Title: VP, Clinical

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

| Date of Expense | Amount | | Expense Category | Description |
|----------------------|--------|-------|------------------|------------------|
| April 17, 2020 | \$ | 17.64 | Travel - Taxi | Off Site Meeting |
| 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 |
| | \$ | 17.64 | Total | |

| I hereby certify that the above expenses are | e accurate and complete. | |
|--|--------------------------|------|
| Signature | Title | Date |
| Reviewed by: | | |
| Signature | Title | Date |

Notes:

o - Details Not Provided

^{*}Statement not on file with PCARD Card Office