

Posting of Expenses

Name: Joy Richards

Title: VP, Patient Experience and Chief Health Professions

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 4, 2020	\$ 10.00	Travel - Parking	Off Site Meeting
August 11, 2020	\$ 10.00	Travel - Parking	Off Site Meeting
September 1-30, 2020	\$ -		No Expenses
	\$ 20.00	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