

QUINTE HEALTH CARE

ADVISORY COUNCIL EXPENSE REPORT

Date	Mileage KM	Mileage Rate/km	Mileage \$	Meals	Accommodation	Other	Advance	Total \$	Details
		\$ 0.40	(= total Km x Rate)						
TOTAL									

Receipts must be attached for all expense items.

G/L Accounts 011.701.1103000 6221400 \$ -

GST 011.101.48000 \$ -

Advisory Member Name: _____

Advisory Member Signature: _____ Date _____

CFO _____ Date _____

Finance Approval _____ Date _____