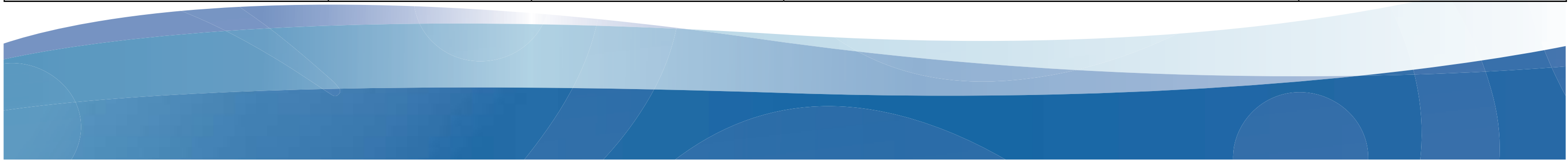


Quarter ____: _____ to _____

CEO Name: Cathy Ulrich Health Authority: Northern Health

Category (all conference related costs identified in separate category below):	Amount Reimbursed: (Rounded to Nearest \$)	Event Date:	Purpose:	Origin/Destination/Location:
Accommodation (list separately)				





Quarter ____: _____ to _____

CEO Name: Cathy Ulrich Health Authority: Northern Health

Category (all conference related costs identified in separate category below):	Amount Reimbursed: (Rounded to Nearest \$)	Event Date:	Purpose:	Origin/Destination/Location:
Accommodation (list separately)				
Total:				

- Notes:**
1. Identify date and duration of stay, purpose, city and gross cost and/or amount reimbursed, as appropriate.
 2. Identify any expense items reimbursed by any organization external to the reporting health authority,
 3. Includes car rentals, taxis, public transport.
 4. Reporting end dates for fiscal 2019/20 are: P1-3, June 27th; P4-6, Sept 19th; P7-9, Dec 12th; P10-13, Mar 31st; and Post Audit. Has to post reports by 4 weeks of end date.
 5. Vehicle/transportation allowance excluded from this summary as it is reported in health authority Executive Compensation Disclosure reporting requirements.
- * Corrections to Quarter 3 report