



Quarter _____: _____ to

CEO Name: **Ciro Panessa** 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:
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 2023/24 are: P1-2, May 25th; P2-5, Aug 17th; P6-8, Nov 9th; P9-13, 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.