

President & Chief Executive Officer Expense Reporting Template

April 1, 2024-November 7, 2024				
CEO Name: <u>Ciro Panessa</u>				
Health Authority: <u>Northern Health</u>				
Category (all conference related costs identified in separate category below):	Amount Reimbursed: (Rounded to Nearest \$)	Date:	Purpose:	Origin/Destination/Location:
Accommodation (list separately, insert lines as needed)¹ Inn on the Harbour George Dawson Inn Quality Inn Sunshine Suites Prestige Hudson Bay Lodge & Conference Centre Holiday Inn Fairmont Waterfront Pomeroy Hotel and Conference Centre Crest Hotel Fairmont YVR Key-Oh Lodge Prestige Hudson Bay Lodge & Conference Centre Sheraton Vancouver Wall Centre	411 150 166 369 375 498 156 437 349 162 178 1,595	Apr 11 Apr 15 May 13 May 15 May 18 June 6 June 11 June 23-25 June 27 July 22 Aug 19 Sept 15-19	Meeting with Ministry Representatives NH Board Meeting Meetings with Ministry Reps & Staff/Physicians NCLGA Meeting with Staff and Physicians HEABC Meeting Leaders Table Meeting NH Board Meeting NHMAC Meeting NI Rural Road Trip MoH LTC Announcement UBCM	Prince Rupert Dawson Creek Terrace Smithers Fort Nelson Vancouver Fort St. John Prince Rupert Richmond Burns Lake Smithers Vancouver
Air, Ferry, Other Travel (list separately, insert lines as needed)^{1,3} Air Other Travel Air Air Other Travel Air Air & Other Travel Air Air Air & Other Travel Air Air & Other Travel	672 543 247 611 158 568 1,116 250 172 328 226 393	Apr 11 Apr 11 May 13 May 16 May 18 May 18 June 7 June 24 & 25 June 24 & 25 June 27 July 16 Sept 15 & 19	Ministry Representatives Ministry, NW Staff and Physicians NCLGA Visiting Staff/Physicians Visiting Staff/Physicians Visiting Staff/Physicians HEABC Meeting NH Board Meeting NH Board Meeting NHMAC Meeting NHMAC meeting UBCM	Terrace Prince Rupert Smithers Fort Nelson Fort Nelson Fort Nelson/Vancouver Vancouver Prince Rupert/Terrace Prince Rupert Vancouver Vancouver/Prince George Vancouver/Prince George
Conferences (List separately and list all expenses if applicable, insert lines as needed)¹				
Other Expenses (list separately, insert lines as needed)¹				
Other Amounts Recovered (list separately, insert lines as needed)²				
Mileage, Parking, and Tolls (YTD) Mileage Parking Tolls	187			
Meals (YTD)	808			
Total	11,123			

- 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, identify date, duration of stay, purpose, etc. for each reimbursement.
 3 - Includes car rentals, taxis, public transport.
 4 - Reporting end dates for fiscal 2024/25 are: P1-2, May 23; P3-5 Aug 15th; P6-8, Nov 7; 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.