

Four Counties Health Services
 Broader Public Sector Accountability
 Reporting Period: April 1, 2024 to September 30, 2024

Name: **Melanie Stanley**
 Title: Board Chair

Invoice Date	Amount	Expense Category	Description
2024-03-28	55.50	TRAVEL MHA NON ED MILEAGE	BOARD MILEAGE 30%
2024-03-28	10.53	TRAVEL MHA NON ED MEALS	MEALS
2024-03-28	9.00	TRAVEL MHA NON ED HOSPITALITY	EVENT
2024-07-17	93.21	TRAVEL MHA NON ED MILEAGE	BOARD MILEAGE 30%
2024-07-17	19.26	TRAVEL MHA NON ED TRAVEL INCIDENTALS	TRAVEL BOD MEETINGS
2024-07-17	3.15	TRAVEL MHA NON ED MEALS	MEALS
Total	\$ 190.65		

Name: **Krista Shea**
 Title: VP Clinical Services & Chief Nursing Officer

Invoice Date	Amount	Expense Category	Description
2024-06-14	115.00	TRAVEL MHA NON ED MILEAGE	WORK RELATED TRAVEL MILEAGE
Total	\$ 115.00		

Name: **Devin Sturdy**
 Title: VP Corporate Services & CFO

Invoice Date	Amount	Expense Category	Description
2024-07-02	233.86	TRAVEL MHA NON ED MILEAGE	WORK RELATED TRAVEL MILEAGE
Total	\$ 233.86		

Name: **Dr. Jon Dreyer**
 Title: Deputy Chief of Staff

Invoice Date	Amount	Expense Category	Description
2024-07-05	889.00	TRAVEL MHA NON ED MILEAGE	WORK RELATED TRAVEL MILEAGE
Total	\$ 889.00		

Name: **Dr. Chernick**
 Title: Chief of Staff

Invoice Date	Amount	Expense Category	Description
2024-04-23	12.00	TRAVEL MHA NON ED MILEAGE	WORK RELATED TRAVEL MILEAGE
2024-05-14	12.00	TRAVEL MHA NON ED MILEAGE	WORK RELATED TRAVEL MILEAGE
Total	\$ 24.00		