



Expense Disclosure Summary

Name Sarah MacKenzie **Position** Interim Board Chair
Period Covered January 1 - March 31, 2021

Please attach supporting documentation i.e.: Expense Disclosure Sheet and applicable receipts

Dates (Travel Dates if applicable)	Destination/Location	Purpose	Airfare	Other Transportation*	Accommodation	Meals	Hospitality	Incidentals	Total
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

* Other Transportation includes vehicle rentals, public transportation, taxis, parking, and mileage

NO EXPENSES FOR FEBRUARY 1 TO MARCH 31, 2021

This Expense Summary is true and complete to the best of my knowledge for the period indicated above.

Signature _____ *//original signed//*