



## Expense Disclosure Summary

**Name** Sarah MacKenzie      **Position** Board Chair  
**Period Covered** January - February 2024

Please attach supporting documentation ie: 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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0		0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0		0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0		0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

**NO EXPENSES FOR January - February 29, 2024**

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

**Signature**          // Original Signed//