


Municipal Expense Claim

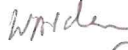
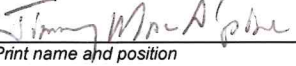

MAY 04 2018

Claimant's Name: Linda Fraser
 Claimant's Title: CAO
 Date expense report posted: _____

Date Expenses Incurred	Business Purpose of Expense: must include (if applicable): date of travel & destination	Professional Development Expense Type	Travel Expense Type	Travel/Prof Dev Cost (\$)	kms driven	Mileage calculated @ 0.4415	Meals			Other	Other Expenses	Credit Card	Invoice
							Breakfast	Lunch	Dinner				
04-16-18	Waste Check Budget Yarmouth				210.00	\$92.72	\$15.00	\$20.00	\$35.00				
				-		\$92.72							

I certify that the amounts claimed in this request are accurate, in accordance with municipal policy, and were incurred while conducting municipal business.

Linda Fraser, CAO 
 Print name and position Signed

*APPROVED by: 
 
 Print name and position Signed

Print name and position Signed

Total Claim: 92.72
 Less amount paid directly by municipality: -

 92.72

Balance Due (Owed): 92.72