

Municipal Expense Claim

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				
Sept 10, 2018	Registration AMA Conference	589.75			-	\$0.00	\$15.00	\$20.00	\$35.00			589.75	
		589.75		-		\$0.00	-	-	-	-		589.75	-

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:	589.75
Less amount paid directly by municipality:	<u>589.75</u>
	-
	-
Balance Due (Owed):	<u><u> -</u></u>