


Municipal Expense Claim

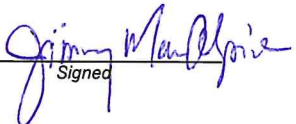
AUG 10 2018

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				
08-02-18	Meeting with ISP's Yarmouth		Travel		187.00	\$82.56	\$15.00	\$20.00	\$35.00				
				-		\$82.56							

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 
Signed

*APPROVED by: 
Signed

Print name and position

Print name and position

Print name and position

Total Claim:	82.56
Less amount paid directly by municipality:	-
	82.56
	-
Balance Due (Owed):	82.56