


### Municipal Expense Claim


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

AUG 24 2018

| 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  |       |                |             |         |
| 08-14-18               | Develop NS Session<br>Yarmouth  |                                       | Travel              |                           | 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        |
|  | -            |
| <b>Balance Due (Owed):</b>                 | <b>92.72</b> |