


### Municipal Expense Claim


**JUN 15 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				
05-28-18	Council Meeting-Freeport				129.00	\$56.95	\$15.00	\$20.00	\$35.00				
May 31 to June 4, 2018	FCM-Halifax				490.00	\$216.34							
05-31-18	FCM-Halifax								35.00				
06-01-18	FCM-Halifax							20.00	35.00				
06-03-18	FCM-Halifax							20.00					
				-		\$273.29	-	40.00	70.00	-		-	-

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:	383.29
Less amount paid directly by municipality:	-
	383.29
	-
<b>Balance Due (Owed):</b>	<b>383.29</b>