

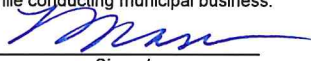
Municipal Expense Claim

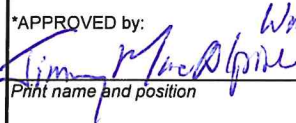
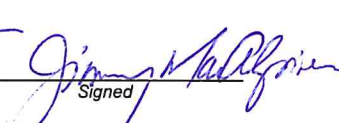
JUN 29 2018

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				
June 13-15	AMA Spring Workshop		Travel		320.00	\$141.28	\$15.00	\$20.00	\$35.00				
	White Point		Hotel/Meals								449.46		
			Meals				(11.96)		(6.80)				
				-		\$141.28	(11.96)	-	(6.80)	-	449.46	449.46	-

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:	571.98
Less amount paid directly by municipality:	449.46
	122.52
	-
Balance Due (Owed):	122.52