

Municipal Expense Claim

FEB 08 2019



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 Expenses
							Breakfast \$20.00	Lunch \$20.00	Dinner \$45.00	Other	
01-24-19	FCM Conference Registration	Training			-	\$0.00	-				917.59
01-25-19	Planning Workshop-Yarmouth						-	20.00	-		
						\$0.00					
						\$0.00					
						\$0.00					
		-		-		\$0.00	-	20.00	-	-	917.59

HST Rebate Amt HST Rebate Amt \$0.00
 HST Rebate Amt -Other

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: 937.59
 Less amount paid directly by municipality: 917.59

 20.00

Balance Due (Owed): 20.00
