

MAY 17 2019


Municipal Expense Claim


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 @ 0.4585	Meals				Other Expenses
							Breakfast \$20.00	Lunch \$20.00	Dinner \$45.00	Other	
05-03-19	AMA Regional Meeting Yarmouth				-	\$0.00	-	20.00	-		
						\$0.00					
						\$0.00					
						\$0.00					
						\$0.00	-	20.00	-		-

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:
 Jimmy MacNamee Warden
 Print name and position _____
 Signed 

Print name and position _____
 Signed _____

Total Claim: 20.00
 Less amount paid directly by municipality: _____
 Balance Due (Owed): 20.00