

Municipal Expense Claim

JUL 26 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 @ 0.4585	Meals				Other Expenses	Credit Card
							Breakfast	Lunch	Dinner	Other		
07-12-19	FCM Climate Change Staff Interviews				-	\$0.00	\$20.00	\$20.00	\$45.00			
						\$0.00		20.00				
						\$0.00						
						\$0.00						
						\$0.00						
						\$0.00						
						\$0.00		20.00				
						\$0.00						
						\$0.00						

Net of HST Rebate

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

_____ Signed

Total Claim:	20.00
Less amount paid directly by municipality:	-
	<hr style="width: 100%;"/>
	20.00
	-
	<hr style="width: 100%;"/>
Balance Due (Owed):	<u>20.00</u>