

Municipal Expense Claim

OCT 18 2019

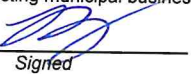
Claimant's Name: Linda Fraser
 Claimant's Title: CAO
 Date expense report posted: _____

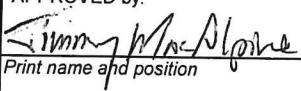
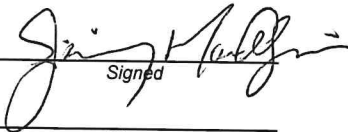
Date Expenses Incurred	Business Purpose of Expense: must include (if applicable): date of travel & destination	Professional Development Expense Type	Travel Expense Type	Travel/Prof Dev Cost (\$)	kms driven	Mileage calculated @ 0.4585	Meals				Other Expenses	Credit Card
							Breakfast	Lunch	Dinner	Other		
09-30-19	Weymouth Dr Recruiting		Meeting		60.00	\$27.51	\$20.00	\$20.00	\$45.00			
	Weymouth Medical Centre					\$0.00						
						\$0.00						
						\$0.00						
						\$0.00						
						\$0.00						
						\$27.51						

Net of HST Rebate

HST Rebate Amt HST Rebate Amt \$2.56
 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: 27.51
 Less amount paid directly by municipality: _____
 27.51
 Balance Due (Owed): 27.51