Municipal Expense Claim

DEC 27 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 $20.00	Lunch $20.00	Dinner $45.00	Other		
05-19-12	AMA Regional Meeting		Meeting			$0.00		20.00				
						$0.00						
	iPhone Purchase					$0.00				(50.00)		
						$0.00						
						$0.00						
						$0.00						
									-			
		-	-	-		**$0.00**	-	20.00	-	(50.00)	-	-

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*

Print name and position *Signed*

Total Claim:	(30.00)
Less amount paid directly by municipality:	-
	(30.00)
	-
Balance Due (Owed):	(30.00)