

Model Municipal Expense Claim

OCT 20 2017

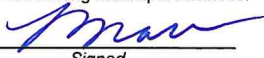
Claimant's Name: Linda Fraser


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 @ 0.4289	Meals				Other Expenses	Credit Card	Invoice
							Breakfast	Lunch	Dinner	Other			
09-26-17	AMA Conference-Truro		Meal	-	-	-			35.00				
09-29-17	AMA Conference-Truro		Meal	-	-	-		20.00					
09-29-17	AMA Conference-Truro		Hotel							3 nights	394.50	394.50	
10-04-17	FDI Steering Committee-Yarm.		Mileage		210.00	90.07							
10-04-17	FDI Steering Committee-Yarm.							20.00					
				-		90.07		40.00	35.00		-	394.50	394.50

I certify that the amounts claimed in this request are accurate, in accordance with municipal policy, and were incurred while conducting municipal business.

L Fraser, CAO 
 Print name and position Signed

*APPROVED by:
Jimmy MacAlpine 
 Print name and position Signed
Worden
 Print name and position Signed

Total Claim: 559.57
 Less amount paid directly by municipality: 394.50
 165.07
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 Balance Due (Owed): 165.07