

NOV 03 2017

Model 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 @ 0.4289	Meals				Other Expenses	Credit Card	Invoice
							Breakfast	Lunch	Dinner	Other			
10-17-17	Engage NS Meteghan	Workshop	Mileage	-	143.00	61.33							
10-23-17	Council Meeting-Weymouth		Mileage		65.00	27.88							
						-							
						-							
						-							
						89.21							
							-	-	-	-	-	-	-

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 Fraser
 Print name and position Signed

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

WARDEN
 Print name and position Signed

Total Claim: 89.21
 Less amount paid directly by municipality: -
 89.21
 Balance Due (Owed): 89.21