

Model Municipal Expense Claim

NOV 17 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			
Nov 7 to 10, 2017	UNSM Fall Conference	Professional Develo	Meal	-	-	-	-	-	35.00				
✓	UNSM Fall Conference	Professional Develo	Meal	-	-	-	-	-	35.00				
✓	✓		Hotel							Hotel	585.90		
									70.00			585.90	
												585.90	

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 [Signature]
 Print name and position Signed

*APPROVED by:
Timmy MacAlpine, Warden [Signature]
 Print name and position Signed

 Print name and position Signed

Total Claim: 655.90
 Less amount paid directly by municipality: 585.90
 70.00
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 Balance Due (Owed): 70.00