

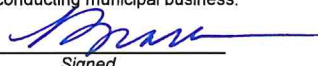
Model Municipal Expense Claim

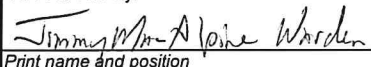

DEC 29 2017

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 @	Meals				Other Expenses	Credit Card	Invoice
							Breakfast	Lunch	Dinner	Other			
12-15-17	AMA Regional Meeting				-	-		20.00					
12-18-18	Weymouth Dr. Recruiting		Mileage		60.00	25.73							
						-							
						-							
						-							
						-							
						25.73							
				-			-	20.00	-		-		-

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:  
   
 Print name and position Signed

Print name and position Signed

Total Claim: 45.73  
 Less amount paid directly by municipality: -  
 \_\_\_\_\_  
 45.73  
 \_\_\_\_\_  
 Balance Due (Owed): 45.73