Model Municipal Expense Claim

JAN 26 2018

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		
							Breakfast	Lunch	Dinner	Other		Credit Card	Invoice
01-19-18	Meeting with Anna Co Warden				-	-							
	and CAO-Annapolis		Mileage		75.00	32.17							
						-							
						-							
						-							
						-							
				-		32.17	-	-	-	-	-	-	-

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 Warden

Print name and position *Signed*

Print name and position *Signed*

Total Claim:	32.17
Less amount paid directly by municipality:	-
	32.17
	-
Balance Due (Owed):	32.17