


Model Municipal Expense Claim


FEB 09 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	Credit Card	Invoice
							Breakfast	Lunch	Dinner	Other			
01-29-18	Weymouth Doctor Recruiting		Mileage		67.50	28.95							
01-31-15	Municipal Modernization				-	-			35.00				
	Session in Halifax	Workshop					24.28				Hotel	166.57	190.85
							(9.28)						
				-		28.95	15.00	-	35.00		-	166.57	190.85

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

LINDA FRASER CAO 
 Print name and position Signed

*APPROVED by:
Jimmy MacAlpine 
 Print name and position Signed

 Print name and position Signed

Total Claim: 245.52
 Less amount paid directly by municipality: 190.85

 54.67

 Balance Due (Owed): 54.67