

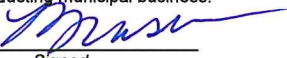
Municipal Expense Claim

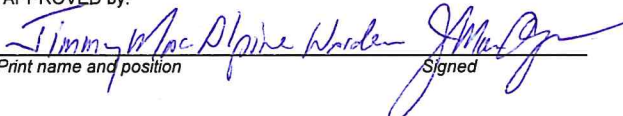
Claimant's Name: Linda Fraser
 Claimant's Title: CAO
 Date expense report posted: _____

MAR 09 2018

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			
02-15-18	Flag Day Ceremony		Mileage		71.00	30.45							
					-	-							
					-	-							
					-	-							
				-		30.45	-	-	-		-		-

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: 
 Print name and position Signed

Print name and position Signed

Total Claim: 30.45
 Less amount paid directly by municipality: -

 30.45

Balance Due (Owed): 30.45