

# Municipality of St. Mary's Expense Claim



Claimant's Name: Debbie Findlay  
 Claimant's Title: Councillor District one  
 Period Covered: July 1 31/18  
 Date Submitted: August 22/18

| Date Expense Incurred | Business Purpose of Expense: must include: meeting name/conference | Professional/Travel Development Expense Type (mileage/hotel/airfare) | Location   | Kms. driven | Mileage calculated @ | Meals     |       |        | Other Expenses | Paid by Municipality |         |
|-----------------------|--------------------------------------------------------------------|----------------------------------------------------------------------|------------|-------------|----------------------|-----------|-------|--------|----------------|----------------------|---------|
|                       |                                                                    |                                                                      |            |             |                      | Breakfast | Lunch | Dinner |                | Credit Card          | Invoice |
| 07-04-18              | COTW                                                               | mileage                                                              | Admin Bldg | 16          | 8.40                 | \$ 15     | \$ 20 | \$ 20  |                |                      |         |
| 07-09-18              | Council                                                            | mileage                                                              | Admin Bldg | 16          | 8.40                 |           |       |        |                |                      |         |
| 07-25-18              | COTW                                                               | mileage                                                              | Admin Bldg | 16          | 8.40                 |           |       |        |                |                      |         |
|                       |                                                                    |                                                                      |            |             |                      |           |       |        |                |                      |         |
|                       |                                                                    |                                                                      |            |             |                      |           |       |        |                |                      |         |
|                       |                                                                    |                                                                      |            |             |                      |           |       |        |                |                      |         |
|                       |                                                                    |                                                                      |            |             |                      |           |       |        |                |                      |         |
|                       |                                                                    |                                                                      |            |             |                      |           |       |        |                |                      |         |
|                       |                                                                    |                                                                      |            |             |                      |           |       |        |                |                      |         |
|                       |                                                                    |                                                                      |            |             |                      |           |       |        |                |                      |         |
|                       |                                                                    |                                                                      |            |             |                      |           |       |        |                |                      |         |
|                       |                                                                    |                                                                      |            |             |                      |           |       |        |                |                      |         |
| Totals:               |                                                                    |                                                                      |            | 48          | \$ 25.20             | \$ -      | \$ -  | \$ -   | \$ -           |                      |         |

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

D. A. Findlay Councillor District 1 [Signature]  
 Print name and position Signed

\*APPROVED by: Marvin MacDonald, CAO [Signature]  
 Print Name and Position Signed

Michael Mosher, Warden [Signature]  
 Print Name and Position Signed

Total Claim: 25.20  
 Less amount paid directly by municipality: -

Balance due (owed): \$ 25.20

G-Mileage July

10 210 2110 211320

PAID  
 AUG 28 2018  
 Per 014916