

Municipality of the District of St. Mary's Hospitality Expense Form

Department
Administration

Name	Title

Purchases

Date	Description	Amount	Budget Line Item
Mar 1 - June 30, 2021			
Total			①

Summary

Budget Line Item	Amount
Total	①

Authorization

Preauthorization form attached

If preauthorization not obtained please complete the following:
 Reason preauthorization was not possible: _____
 Purpose of Event: _____
 Number of Attendees: _____



 Signature

 Date

Marissa Jordan
 Chief Administrative
 Officer

 Date

Approved By _____