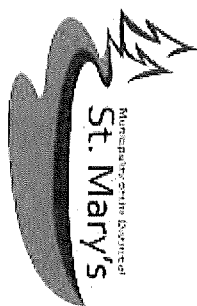


Municipality of St. Mary's Expense Claim



Claimant's Name: Beulah Malloy
 Claimant's Title: Deputy Warden
 Period Covered: January 1 to January 31 /2025
 Date Submitted: _____

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					
January 2/2025	COTTW	mileage	Sherbrooke	24	0.6150	\$ 15	\$ 20	\$ 35								
January 4/2025	Council Workshop	mileage	Sherbrooke	24	14.76											
January 6/2025	JOHS	mileage	Sherbrooke	24	14.76											
January 13/2025	Council	mileage	Sherbrooke	24	14.76											
January 14/2025	Circular Materials (EPR)	mileage	Sherbrooke	24	14.76											
January 15/2025	COTTW	mileage	Sherbrooke	24	14.76											
January 17/2025	Code of Conduct PH with the Warden	mileage	Port Hawkesbury	64	39.36											
January 27/2025	Port Bickerton Lighthouse Meeting	mileage	Port Bickerton	32	19.68											
Totals:										240	\$ 147.60	\$ -	\$ -	\$ -	\$ -	\$ -

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

Beulah Malloy Deputy Warden Signed *Beulah Malloy*

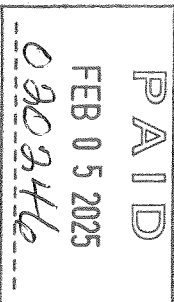
*APPROVED BY:

Beulah Malloy Deputy Warden

Print Name and Position *Beulah Malloy* Signed *Beulah Malloy*

Total Claim: 147.60
 Less amount paid directly by municipality: -

Balance due (owed): \$ 147.60



020263. - 141.16
 - 6.50