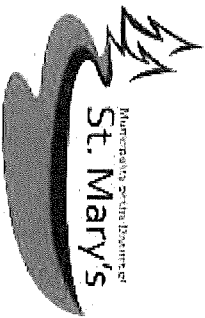


Municipality of St. Mary's Expense Claim



Claimant's Name: Emma Tibbo
 Claimant's Title: District 1 Councillor
 Period Covered: February 1st, 2025-February 28th, 2025
 Date Submitted: March 5th, 2025

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					
February 5th, 2025	COTTW Meeting	Mileage		30	0.6150											
February 10th, 2025	Council Meeting	Mileage	Liscomb to Sherbrooke	30	18.45											
February 19th, 2025	COTTW Meeting	Mileage	Liscomb to Sherbrooke	30	18.45											
Totals:										90	\$ 55.35	\$ -	\$ -	\$ -	\$ -	\$ -

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

Emma Tibbo Councillor
 Signed: *Emma Tibbo*

*APPROVED by:
 Signed: *AO*

Print Name and Position: AO
 Signed: *[Signature]*

Print Name and Position: _____
 Signed: _____

Total Claim: 55.35
 Less amount paid directly by municipality: _____

Balance due (owed): \$ 55.35

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