

Municipality of St. Mary's Expense Claim



Claimant's Name: Beulah Malloy
 Claimant's Title: Deputy Warden
 Period Covered: May 10 May 30/2025
 Date Submitted: May 30/2025

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
May 5/2025	Jobs										
May 7/2025	CoTW/Special Council	mileage	Shebrooke	24	0.6150						
May 13/2025	Circular materials	mileage	Shebrooke	24	14.76						
May 21/2025	CoTW/Council/Special Council	mileage	Shebrooke	24	14.76						
May 26/2025	Port Bickerton Lighthouse	mileage	Port Bickerton	32	19.68						
Totals:				128	\$ 78.72						

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

Print name and position: Beulah Malloy Deputy Warden

Signed: *[Signature]*

*APPROVED by: Donna Staveland
 Position: Deputy Warden
 Signed: *[Signature]*

Print Name and Position: M Fraser, DOF/CAO
 Signed: *[Signature]*

Total Claim: 78.72
 Less amount paid directly by municipality: -
 Balance due (owed): \$ 78.72

6 - MAFS Mileage Malloy
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