

MUNICIPALITY OF THE COUNTY OF VICTORIA COUNCILLOR EXPENSE CLAIM

NAME: Bruce Morrison, Warden

DATE RANGE: Sept 14, 2020 to October 1, 2020

Date Expense Incurred	Type of expense ¹	Purpose of expense ² and description	Expense amount (DO NOT include mileage and meals) (\$)	kms driven	Mileage calculated	Meal per diems				Total Meals	Paid by MOV/C	HST	GL account
						Breakfast	Lunch	Dinner	Incidentals				
Sept 14/20	Travel	Cape Breton Regional Library Board		165	79.20	\$ 0.48	\$ 13.00	\$ 20.00	\$ 30.00	\$ 10.00	30.00	14.24	
Sept 16/20	Travel	Victoria County Home Support Meeting		40	19.20						-	2.50	
Oct 1/20	Travel	Destination Cape Breton Association Mtg.		165	79.20						-	10.33	
											-		
											-		
											-		
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											-		
											-		
			-										
			177.60										
											30.00		
													27.08

TOTAL CLAIM: 207.60
LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: -
BALANCE DUE (OWED): 207.60

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

By approving and signing this expense claim, I am attesting that the claim abides by municipal expense policies to the best of my knowledge

Claimant's name _____ Signed _____ Date _____

Approver's name _____ Signed _____ Date _____

¹Type of expense: PD = professional development (includes course/conference registration), travel (includes accommodations, transportation, mileage, parking) meals or other
²Purpose of expense = name and location of conference, meeting, municipal event, etc.



MUNICIPALITY OF THE COUNTY OF VICTORIA
EXPENSE CLAIM

NAME Bruce Morrison

Period Date From Sept. 01/20 Date To Oct.01/20

Rate \$0.48

MILEAGE

Date	From	To	KMS	Gross	HST	Purpose
Sept. 14/20	Baddeck	Sydeney	165	79.20		CB R Library
Sept.16/20	Baddeck	ST Banne's	40	19.20		VCHSS Mtg
Oct.01/20	Baddeck	Sydeney	165	79.20		DCBA Mtg
			370			
SUBTOT/				177.60	0.00	

Per Diem B-\$13, L-\$20, S-\$30

OTHER (Accomodations, Parking, Meals, etc)

Date	Paid To/Description	\$\$	Gross	HST	Purpose
Sept.14/20	Supper 430pm-830 pm	30	30.00		CBRL MTG
SUBTOT/			30.00	0.00	
TOTAL			207.60	0.00	

Please provide a copy of the agenda or briefly outline the nature or purpose of your travel

Claimant's signature: *B Morrison*

Date: Sept 24/20

Travel Approved by: *[Signature]*