# MODEL MUNICIPAL EXPENSE CLAIM

**Claimant's Name:** Bruce Morrison

**Claimant's Title:** Warden

**Date expense report posted:**

| Date Expense Incurred | Business Purpose of Expense: must include (if applicable): date of travel & destination | Professional Development Expense Type | Travel Expense Type | Travel/Prof Dev Cost ($) | kms driven | Mileage calculated @ 0.4800 | Meals: Breakfast $ 13 | Meals: Lunch $ 20 | Meals: Dinner $ 30 | Meals: Other | Other Expenses | Paid by Municipality: Credit Card | Paid by Municipality: Invoice |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 06-08-20 | Cape Smokey | | | | 150.00 | 72.00 | | 20.00 | | | | | |
| 06-14-20 | Middle River | | | | 40.00 | 19.20 | | | | | | | |
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| | | - | | - | | 91.20 | - | 20.00 | - | - | - | # - | - |

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 — Signed July 6/20

*APPROVED by:

Leanne Macache — Print Name and Position — Signed

B Morrison — Print Name and Position — Signed July 6/20

Total Claim: 111.20

Less amount paid directly by municipality: -

**Balance due (owed): 111.20**