



MUNICIPALITY OF THE COUNTY OF VICTORIA
EXPENSE CLAIM

NAME Norman MacDonald D#8

Date From _____ Date To _____

Period Jan-19 Feb-19

Rate \$0.48

MILEAGE

Date	From	To	KMS	Gross	HST	GL Code
jan 7th/	cape north	baddeck	137	65.76	8.58	
jan 7th/	baddeck	cape north	137	65.76	8.58	
21-Jan	cape north	baddeck	137	65.76	8.58	
jan 21st	baddeck	cape north	137	65.76	8.58	
feb 4th	cape north	baddeck	137	65.76	8.58	
feb 4th	baddeck	cape north	137	65.76	8.58	
feb 17th	cape north	baddeck	137	65.76	8.58	
feb 18th	baddeck	cape north	137	65.76	8.58	
feb 25th	cape north	baddeck	137	65.76	8.58	
feb 25th	baddeck	cape north	137	65.76	8.58	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
SUBTOT/				657.60	85.77	

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

OTHER (Accomodations, Parking, Meals, etc)

Date	Paid To/Description	\$\$	Gross	HST	GL Code
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
SUBTOT/			0.00	0.00	

TOTAL 657.60 85.77

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

Claimant's signature:

Date:

Travel Approved by:

B. Harrison



MUNICIPALITY OF THE COUNTY OF VICTORIA
EXPENSE CLAIM

NAME Norman MacDonald D8

Period Date From March 1st Date To March 31st /2019

Rate \$0.48

MILEAGE						
Date	From	To	KMS	Gross	HST	GL Code
mar6th	cape north	neils harbour	18	8.64	1.13	
mar6th	neils harbour	cape north	18	8.64	1.13	
mar7th	cape north	baddeck	137	65.76	8.58	
mar7th	baddeck	cape north	137	65.76	8.58	
mar11th	cape north	baddeck	137	65.76	8.58	
mar11th	baddeck	cape north	137	65.76	8.58	
25-Mar	cape north	whycocomagh	156	74.88	9.77	
25-Mar	whycocomagh	cape north	156	74.88	9.77	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				SUBTOT/	430.08	56.10

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

OTHER (Accomodations, Parking, Meals, etc)						
Date	Paid To/Description		\$\$	Gross	HST	GL Code
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				SUBTOT/	0.00	0.00

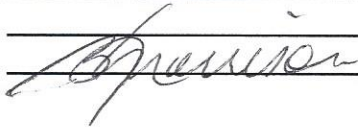
TOTAL 430.08 56.10

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

Claimant's signature:

Date: _____

Travel Approved by:

 _____
