



MUNICIPALITY OF THE COUNTY OF VICTORIA
EXPENSE CLAIM

	Date From	Date To
Period	13-Nov-19	26-Nov-19

NAME: Paul MacNeil
 District #: _____ District #1

MILEAGE			Rate	\$0.48		
Date	From	To	KMS	Gross	HST	Purpose
11/13/2019	Iona	Baddeck	106	\$50.88	\$6.64	Health Care Discussion
11/23/2019	Iona	Baddeck	106	\$50.88	\$6.64	Christmas Parade Participation
11/26/2019	Iona	Baddeck	106	\$50.88	\$6.64	Council
				\$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	
SUBTOTAL				\$152.64	\$19.91	

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

OTHER (Accommodations, Parking, Meals, etc.)						
Date	Paid To/Description	\$	Gross	HST	Purpose	
			\$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		
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			\$0.00	\$0.00		
			\$0.00	\$0.00		
			\$0.00	\$0.00		
			\$0.00	\$0.00		
			\$0.00	\$0.00		
			\$0.00	\$0.00		
SUBTOTAL			\$0.00	\$0.00		
TOTAL			\$152.64	\$19.91		

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

Claimant's signature: Paul MacNeil
 Date: November 26, 2019
 Travel Approved by: _____