

Vendor ID	Name	Payment Number	Cheque Date	Document Number
DAU002	LARRY DAUPHINEE	0017813	9/12/2017	12044
Invoice	Date	Amount	Amount Paid	Discount
10-JUNE12-SEPT12/17	9/9/2017	\$970.80	\$970.80	\$0.00
				Net Amount Paid
				\$970.80

TO REORDER, ~~\$970.80~~ LOCAL SAFEGUARD DISTRICT ~~\$970.80~~ 02-454-7422

\$0.00

\$970.80

MUNICIPALITY OF THE COUNTY OF VICTORIA
EXPENSE CLAIM

NAME Larry Dauphinee

Period 01-Jun-17 Date From 12-Sept-17 Date To

MILEAGE

Rate \$0.48

Date	From	To	KMS	Gross	HST	Purpose
06-12-2017	Ingonish	Baddeck	186	89.28	11.65	Council
06-15-2017	Ingonish	Baddeck	186	89.28	11.65	Housing mtg
06-27-2017	Ingonish	Baddeck	186	89.28	11.65	Petroeum Mtg
07-17-2017	Ingonish	Baddeck	186	89.28	11.65	Minister/Council
07-19-2017	Ingonish	Baddeck	186	89.28	11.65	Mtg CAO
07-31-2017	Ingonish	Baddeck	186	89.28	11.65	Council
08-14-2017	Ingonish	Indian Brook	87	41.76	5.45	Council
08-16-2017	Ingonish	Whycogomagh	260	124.80	16.28	Broadband
09-07-2017	Ingonish	Baddeck	186	89.28	11.65	REN Conference
09-12-2017	Ingonish	Baddeck	186	89.28	11.65	Council
				0.00	0.00	
					0.00	
SUBTOT#				880.80	114.90	

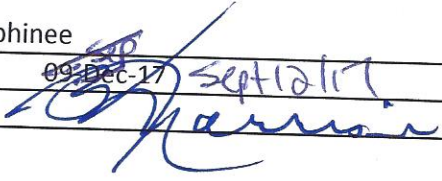
Per Diem B-\$13, L-\$20, S-\$30

OTHER (Accomodations, Parking, Meals, etc)

Date	Paid To/Description	\$\$	Gross	HST	Purpose
06-15-2017	Lunch	20	20.00	2.61	Housing mtg
07-17-2017	Lunch	20	20.00	2.61	Minister/Council
07-19-2017	Lunch	20	20.00	2.61	Mtg CAO
09-07-2017	Supper	30	30.00	3.91	Ren Conference
			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#			90.00	11.74	
TOTAL			970.80	126.64	

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

Claimant's signature:
Date:

Larry Dauphinee

 09 Dec 17

Vendor ID	Name	Payment Number	Cheque Date	Document Number
DAU002	LARRY DAUPHINEE	0018230	10/30/2017	12314
Invoice	Date	Amount	Amount Paid	Discount
10-SEP.23-OCT.30/17	10/30/2017	\$967.56	\$967.56	\$0.00
				Net Amount Paid
				\$967.56

TO REORDER, CALL YOUR LOCAL SAFEGUARD DISTRIBUTOR AT 1-800-454-7422

\$967.56

\$967.56

\$0.00

\$967.56

MUNICIPALITY OF THE COUNTY OF VICTORIA
EXPENSE CLAIM

NAME Larry Dauphinee

Date From 23-Sep-17 Date To 2017-10-30

Period

Rate \$0.48

MILEAGE

Date	From	To	KMS	Gross	HST	Purpose
2017-09-23	Ingonish	Baddeck	186	89.28	11.65	AFC meeting
17-9-25	Ingonish	Baddeck	186	89.28	11.65	Council
17-10-2	Ingonish	Halifax	446	214.08	27.92	Mtg Minister DOT
17-10-3	Halifax	Ingonish	446	214.08	27.92	" "
2017-10-17	Ingonish	Baddeck	186	89.28	11.65	Council
2017-10-23	Ingonish	Baddeck	186	89.28	11.65	CAO Meeting
17-10-30	Ingonish	Baddeck	186	89.28	11.65	Council
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
					0.00	
SUBTOTAL				874.56	114.07	

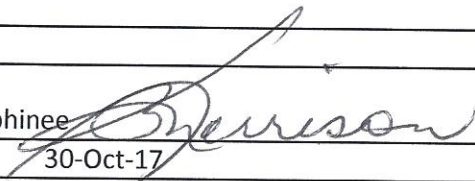
Per Diem B-\$13, L-\$20, S-\$30

OTHER (Accomodations, Parking, Meals, etc)

Date	Paid To/Description	\$\$	Gross	HST	Purpose
2017-10-02	Incidental	10	10.00	1.30	Mtg Minister DOT
2017-10-02	L & S	50	50.00	6.52	" "
17-10-03	B & L	33	33.00	4.30	" "
			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			93.00	12.13	
TOTAL			967.56	126.20	

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

Claimant's signature:
Date:
Travel Approved by:

Larry Dauphinee 
30-Oct-17