



MUNICIPALITY OF THE COUNTY OF VICTORIA  
EXPENSE CLAIM

NAME Norman MacDonald D8

Period April, May, June, 2019 Ap to Junes end

Rate \$0.48

**MILEAGE**

Date	From	To	KMS	Gross	HST	GL Code
apr8th	cape north	baddeck	137	65.76	8.58	
apr8th	baddeck	cape north	137	65.76	8.58	
apr23rd	cape north	baddeck	137	65.76	8.58	
apr23rd	baddeck	cape north	137	65.76	8.58	
may 6th	cape north	baddeck	137	65.76	8.58	
may 6th	baddeck	cape north	137	65.76	8.58	
may21st	cape north	baddeck	137	65.76	8.58	
may21st	baddeck	cape north	137	65.76	8.58	
june 6th	cape north	ingonish beach	41	19.68	2.57	
june 6th	ingonish beach	cape north	41	19.68	2.57	
june 6th	cape north	baddeck	137	65.76	8.58	
june 6th	baddeck	cape north	137	65.76	8.58	
june25th	cape north	baddeck	137	65.76	8.58	
june25th	baddeck	cape north	137	65.76	8.58	
				0.00	0.00	
				828.48	108.06	

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

**OTHER ( Accomodations, Parking, Meals, etc)**

Date	Paid To/Description	\$\$	Gross	HST	GL Code
june 6th	park meeting		0.00	0.00	
june 6th	d day event in baddeck at legion		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	
			828.48	108.06	

Please provide a copy of the agenda or briefly outline the nature or purpose of your travel  
*B. MacDonald*



MUNICIPALITY OF THE COUNTY OF VICTORIA  
EXPENSE CLAIM

NAME Norm Mcdonald D8

Period Date From July 1st 2019

Date To August 31st/2019

Rate \$0.48

**MILEAGE**

Date	From	To	KMS	Gross	HST	GL Code
16-Jul	cape north	baddeck	137	65.76	8.58	
16-Jul	baddeck	cape north	137	65.76	8.58	
29-Jul	cape north	baddeck	137	65.76	8.58	
29-Jul	baddeck	cape north	137	65.76	8.58	
aug 8th	cape north	neils harbour	18	8.64	1.13	
aug 8th	neils harbour	cape north	18	8.64	1.13	
aug26th	cape north	north shore fire	88	42.24	5.51	
aug 26th	north shore fire	cape north	88	42.24	5.51	
				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				364.80	47.58	

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	
SUBTOTAL			0.00	0.00	
TOTAL			364.80	47.58	

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

8-Aug highland manor board meeting

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Claimant's signature:

Date:

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