

Vendor ID	Name	Payment Number	Cheque Date	Document Number	
NOR0026	NORMAN MACDONALD	0017981	10/2/2017	12145	
Invoice	Date	Amount	Amount Paid	Discount	Net Amount Paid
10-AIG/14-SEPT.28/17	9/30/2017	\$639.36	\$639.36	\$0.00	\$639.36

TO REORDER, ~~\$639.36~~ LOCAL SAFEGUARD DISTRICT ~~\$639.36~~ 02-454-7422 \$0.00 \$639.36



MUNICIPALITY OF THE COUNTY OF VICTORIA
EXPENSE CLAIM

NAME Norman MacDonald

Period Date From sept 1st/17 Date To sept30th/17

Rate \$0.48

MILEAGE

Date	From	To	KMS	Gross	HST	GL Code
August 14t	cape north	Indian Brooke	75	36.00	4.70	
August 14t	Indian Brooke	Cape North	75	36.00	4.70	
Sept 7th	cape north	baddeck	137	65.76	8.58	
sept 8th	baddeck	Cape North	137	65.76	8.58	
sept 12th	cape north	baddeck	137	65.76	8.58	
sept 12th	baddeck	Cape North	137	65.76	8.58	
sept23rd	cape north	baddeck	137	65.76	8.58	
sept23rd	baddeck	Cape North	137	65.76	8.58	
25-Sep	cape north	baddeck	137	65.76	8.58	
25-Sep	baddeck	Cape North	137	65.76	8.58	
sept 28th	cape north	ingonish beach	43	20.64	2.69	
sept28th	ingonish beach	Cape North	43	20.64	2.69	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
SUBTOT/				639.36	83.39	

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			639.36	83.39	

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

today had meeting with super int of national park in ingonish as requested from district constitues

Vendor ID	Name	Payment Number	Cheque Date	Document Number	
NOR0026	NORMAN MACDONALD	0018241	10/30/2017	12325	
Invoice	Date	Amount	Amount Paid	Discount	Net Amount Paid
10-OCTOBER17TRV	10/30/2017	\$713.28	\$713.28	\$0.00	\$713.28

TO REORDER, CALL 1-800-461-7422
 LOCAL SAFEGUARD DISTRIBUTION

\$0.00

\$713.28



MUNICIPALITY OF THE COUNTY OF VICTORIA
EXPENSE CLAIM

NAME Norman MacDonald D#8

Date From Oct1st Date To Oct31st
Period

Rate \$0.48

MILEAGE

Table with columns: Date, From, To, KMS, Gross, HST, GL Code. Rows include dates from Oct2nd to Oct30th with various locations like Cape North, Halifax, baddeck, capenorth.

SUBTOT# 713.28 93.04

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

OTHER (Accomodations, Parking, Meals, etc)

Table with columns: Date, Paid To/Description, \$\$, Gross, HST, GL Code. Most entries are blank with 0.00 values.

SUBTOT# 0.00 0.00

TOTAL 713.28 93.04

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

traveled to halifax to meet with Minister of transport (halifax)

Handwritten signature of Norman MacDonald

TOTAL 713.28 93.04

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

traveled to halifax to meet with Minister of transport (halifax)

Claimant's signature:

Date:

Travel Approved by:
