# MUNICIPALITY OF THE COUNTY OF VICTORIA
## COUNCILLOR EXPENSE CLAIM

**NAME:** Paul MacNeil (Councillor District 1) **DATE RANGE:** From 5-Jan-21 To 26-Jan-21

| Date Expense Incurred | Type of expense[1] | Purpose of expense[2] and description | Expense amount (DO NOT incld mileage and meals) ($) | From | To | kms driven | Mileage calculated | Meal per diems | | | | | Paid by MOVC | for office use | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Breakfast | Lunch | Dinner | Incidentals | Total Meals | | HST | GL account |
| | | | | | | | $ 0.48 | $ 13.00 | $ 20.00 | $ 30.00 | $ 10.00 | | | | |
| 1/5/2021 | Travel | Council | | Iona | Baddeck | 106 | $50.88 | | | | | $0.00 | | $6.64 | |
| 1/18/2021 | Travel | Hospital Board Meeting | | Iona | Baddeck | 106 | $50.88 | | | | | $0.00 | | $6.64 | |
| 1/18/2021 | Meals | Supper For Hospital Board Meeting | | | | | | | | $30.00 | | $30.00 | | $3.91 | |
| 1/19/2021 | Travel | Meeting with MP - Media Relations - Council | | Iona | Baddeck | 106 | $50.88 | | | | | $0.00 | | $6.64 | |
| 1/26/2021 | Travel | Placemaker Meeting with Dan Coffin | | Iona | Baddeck 2 | 166 | $79.68 | | | | | $0.00 | | $10.39 | |
| 1/26/2021 | Meals | Breakfast - Placemaker Meeting | | | | | | | $20.00 | | | $20.00 | | $2.61 | |
| | | | | | | | | | | | | $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 | | | | $232.32 | | | | | $50.00 | $0.00 | $36.82 | |

**Comments:**

**TOTAL CLAIM:** $282.32

**LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY:** $0.00

**BALANCE DUE (OWED):** $282.32

I certify that the amounts claimed in this request are accurate, in accordance with municipal policies, and were incurred while conducting municipal business.

**Paul MacNeil** *Signed* **26-Jan-21**
*Claimant's name* *Date*

By approving and signing this expense claim, I am attesting that the claim abides by municipal expense policies to the best of my knowledge

*Approver's name* *Signed* *Date*

[1]Type of expense: PD = professional development (includes course/conference registration), travel (includes accommodations, transportation, mileage, parking), meals or other
[2]Purpose of expense = name and location of conference, meeting, municipal event, etc.