

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

NAME: Bruce Morrison

DATE RANGE: Mar:01/20 to Mar:30/21

Date Expense Incurred	Type of expense ¹	Purpose of expense ² and description	Expense amount (DO NOT incl mileage and meals) (\$)	kms driven	Mileage calculated	Meal per diems					Total Meals	Paid by MOV	HST	GL account <small><i>for office use</i></small>	
						Breakfast	Lunch	Dinner	Incidentals						
Mar 09/21	Travel	Dest Cape Breton		170	\$ 0.48	\$ 13.00	\$ 20.00	\$ 30.00	\$ 10.00						
Mar 14/21	Travel	North Nordic Ski		256	122.88										

TOTAL CLAIM: 204.48
 LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: -
BALANCE DUE (OWED): 204.48

Comments:

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

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

Claimant's name: Bruce Morrison Signed: _____ Date: Mar 30/21

Approver's name: _____ Signed: _____ Date: _____

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