MODEL MUNICIPAL EXPENSE CLAIM

Claimant's Name: Leanne MacEachen

Claimant's Title: CAO

Date expense report posted: Apr 1/21-Apr 30/21

Date Expense Incurred	Business Purpose of Expense: must include (if applicable): date of travel & destination	Professional Development Expense Type	Travel Expense Type	Travel/Prof Dev Cost ($)	kms driven	Mileage calculated @ 0.4800	Meals: Breakfast $ 13	Meals: Lunch $ 20	Meals: Dinner $ 30	Meals: Other	Other Expenses	#	Paid by Municipality: Credit Card	Paid by Municipality: Invoice
						-								
Apr 19/21	Budget meeting - gaelic college				40.00	19.20								
Apr 21/21	Waycobah				80.00	38.40								
Apr 25/21	Port Hawkesbury				200.00	96.00								
						-								
						-								
						-								
						-								
						-								
		-		-		153.60	-	-	-	-	-		-	-

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

Print name and position — *Signed*

*APPROVED by:

Print Name and Position — Signed

Print Name and Position — Signed

Total Claim: 153.60

Less amount paid directly by municipality: -

Balance due (owed): 153.60