

MUNICIPALITY OF THE COUNTY OF VICTORIA
COUNCILLOR EXPENSE CLAIM

NAME: Bruce Newman DATE RANGE: December 2021

Date Expense Incurred	Type of expense ¹	Purpose of expense ² and description	Expense amount (DO NOT include mileage and meals) (\$)	kms driven	Mileage calculated \$	Meal per diems					Total Meals	Paid by MOVC	HST	GL account	
						Breakfast \$	Lunch \$	Dinner \$	Incidentals \$	Total Meals					
		Costco gift cards		108	0.48										
		Seal Island L.I.		116				20.00			20.00				
		Prem. Rankins		58											
		Prem. Rankins		58											
		Forty passed	35-												
			35-	340	182.40						20.00	202.40			

TOTAL CLAIM: 237.40
 LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: -
 BALANCE DUE (OWED): 237.40

237.40

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

Claimant's name: Bruce Newman Signed: Bruce Newman Date: June 21/21

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: _____

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.