MODEL MUNICIPAL EXPENSE CLAIM

Claimant's Name: Leanne MacEachen

Claimant's Title: CAO

Date expense report posted: Oct1 20-Nov 30/20

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				Other Expenses	#	Paid by Municipality	
							Breakfast $ 13	Lunch $ 20	Dinner $ 30	Other			Credit Card	Invoice
10-20-20	CB Partnership Update													
10-21-20	North Visits - 3 lunch				160.00	76.80								
10-17-20	Election visits to stations					-								
10-17-20	Electtions				280.00	134.40		20.00	30.00		23.00			
01-20-10	Gas for Rav 4					-								
11-26-20	EDPC Meeting					-								
11-27-20	AMANS Course - teaching				195.00	93.60		20.00						
11-26-20	Office supplies				110.00	52.80								
						-								
						-					34.36			
		-		-		357.60	-	40.00	30.00	23.00	59.06	#	-	-

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

Leanne MacEachen, CAO — *Print name and position*

Signed

*APPROVED by:

Print Name and Position — Signed

Print Name and Position — Signed

Total Claim: 509.66

Less amount paid directly by municipality: -

Balance due (owed): 509.66