MUNICIPALITY OF THE COUNTY OF VICTORIA
COUNCILLOR EXPENSE CLAIM

NAME: Perla Macleod **DATE RANGE:** July,01,2020 to October 15th, 2020

Date Expense Incurred	Type of expense[1]	Purpose of expense[2] and description	Expense amount (DO NOT incld mileage and meals) ($)	kms driven	Mileage calculated	Meal per diems					Paid by MOVC	for office use: HST	for office use: GL account
						Breakfast	Lunch	Dinner	Incidentals	Total Meals			
					$ 0.48	$ 13.00	$ 20.00	$ 30.00	$ 10.00				
16-07-2020	Travel	Alderwood meeting Knox church		20	9.60					-		1.25	
27-07-2020	Travel	VCT meeting knox church		20	9.60					-		1.25	
27-08-2020	Travel	EDCP meeting		20	9.60					-		1.25	
15-9-2020	Travel	Council meeting		20	9.60					-		1.25	
18-09-2020	Travel	Dr. Recruitment meeting Bill O'Brian		20	9.60					-		1.25	
28-09-2020	Travel	Council meeting		20	9.60					-		1.25	
01-10-2020	Travel	CBP/Welcome Network knox church		20	9.60					-		1.25	
15-10-2020	Travel	TIR meeting		20									
	Travel				-					-		-	
					-					-		-	
					-					-		-	
					-					-		-	
					-					-		-	
					-					-		-	
			-		67.20					-	-	8.77	✓

Comments:

TOTAL CLAIM:	67.20 ✓
LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY:	-
BALANCE DUE (OWED):	**67.20**

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

Perla MacLeod	Perla Macleod	15-10-2020
Claimant's name	*Signed*	*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.