

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

NAME: _____

DATE RANGE: _____

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				
1/13/2020	travel	council meeting from Wreckcove to Baddeck return		145	69.60	\$ 0.48	\$ 13.00	\$ 20.00	\$ 30.00	\$ 10.00		9.08	
1/11/8/2020	travel	council meeting from Wreckcove to Baddeck return		145	69.60							9.08	
1/1/30/2020	travel	council meeting from Wreckcove to Baddeck return		145	69.60							9.08	
1/2/1/4/2020	travel	council meeting from Wreckcove to Baddeck return		145	69.60							9.08	
1/2/1/4/2020	travel	library board meeting from Wreck Cove to Sydney return		225	108.00							14.09	
1/5/2021	travel	council meeting from Wreckcove to Baddeck return		145	69.60							9.08	
1/1/9/2021	travel	council meeting from Wreckcove to Baddeck return		145	69.60							9.08	
1/27/2021	travel	Wreck Cove to Neils Harbour return for Manor board meeting		96	46.08							6.01	
2/2/2021	travel	council meeting from Wreckcove to Baddeck return		145	69.60							9.08	
2/4/2021	travel	council meeting from Wreckcove to Baddeck return		145	69.60							9.08	
2/22/2021	travel	council meeting from Wreckcove to Baddeck return		145	69.60							9.08	
3/3/2021	travel	council meeting from Wreckcove to Baddeck return		145	69.60							9.08	
3/8/2021	travel	council meeting from Wreckcove to Baddeck return		145	69.60							9.08	
					919.68							119.96	

TOTAL CLAIM: 919.68
LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: -
BALANCE DUE (OWED): 919.68

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 _____ Signed _____ Date _____

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.