MUNICIPALITY OF THE COUNTY OF VICTORIA
COUNCILLOR EXPENSE CLAIM

NAME: Perla Macleod **DATE RANGE:** Nov-DEC 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	
						Breakfast	Lunch	Dinner	Incidentals	Total Meals		HST	GL account
					$ 0.48	$ 13.00	$ 20.00	$ 30.00	$ 10.00				
03-11-2020	Travel	Council meeting big Baddeck- Baddeck		10	4.80					-		0.63	
	Travel	Baddeck-Big Baddeck		10	4.80					-		0.63	
18-11-2020	Travel	Council meeting Big Baddeck - Baddeck		10	4.80					-		0.63	
		Baddeck- Big Baddeck		10	4.80					-		0.63	
30-11-2020	Travel	Council meeting Big baddeck -Baddeck		10	4.80					-		0.63	
		Baddeck- Big Baddeck		10	4.80					-		0.63	
14-12-2020	Travel	Council meeting , Public WorksB Baddeck-BDK		10	4.80					-		0.63	
		Meetings Baddeck-Big Baddeck		10									
					-					-		-	
					-					-		-	
					-					-		-	
					-					-		-	
					-					-		-	
					-					-		-	
			-		33.60					-	-	4.38	

Comments: Wharf meetin

TOTAL CLAIM:	33.60
LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY:	-
BALANCE DUE (OWED):	**33.60**

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	09-03-2021
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.