

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

NAME: Leanne MacEachern

DATE RANGE: From September 1/22 To November 30/22

Date Expense Incurred	Type of expense ¹	Purpose of expense ² and description	Expense amount (DO NOT include mileage and meals) (\$)	From	To	kms driven	Mileage calculated \$ 0.51	Meal per diems					Total Meals	Paid by MOVC	HST	GL account	
								Breakfast \$ 13.00	Lunch \$ 20.00	Dinner \$ 30.00	Incidentals \$ 10.00						
Sept 20-Sept 23	Travel	AM/ANS		Baddeck	Sydney	320	\$183.62		\$40.00			\$30.00		\$70.00		\$30.47	
Oct 20/22	Travel	CBP Investor Summit		baddeck	Ingonish	200	\$102.26					\$30.00		\$96.00		\$53.87	
Nov 1-Nov 3	Travel	NSFM Conference		Port Hood	HAL/FAX	620	\$317.01	\$26.00	\$20.00	\$30.00	\$20.00	\$30.00		\$96.00		\$50.84	
Nov 18-19	Travel	AM/ANS BOD		Port Hood	HAL/FAX	600	\$306.78	\$13.00			\$60.00	\$10.00		\$83.00		\$18.83	
Nov 18/22	Travel	AM/ANS BOD	\$129.03				\$0.00							\$20.00		\$15.95	
2022-11-30	Travel	EDPC		Baddeck	Port Hawkesbury	200	\$102.26		\$20.00					\$0.00		\$0.00	
														\$0.00		\$0.00	
														\$0.00		\$0.00	
														\$0.00		\$0.00	
														\$0.00		\$0.00	
			\$129.03											\$269.00		\$181.30	

Comments:

TOTAL CLAIM: \$1,389.95
 LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: \$0.00
 BALANCE DUE (OWED): \$1,389.95

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 Leanne MacEachern Signed _____ Date Nov 30/22

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.