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			expense		Milana			Meal per diem	ns		2		
Date Expense	Type of	Purpose of expense ² and description	amount (DO NOT incld	kms driven	alculated	3reakfast	Lunch	Dinner \$ 30.00	incidentals	Total Meals	Movc	超	GL account
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06-12-2022 T	Travel	Big Baddeck/ COW, VCT/ Big Baddeck		20	10.20					,			
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ertify that the a	amounts cla					AMOUNT P	AID DIREG	TLY BY MU	TAL CLAIM NICIPALITY UE (OWED)	108.12		14.10	
icies, and wei	re incurred \	aimed in this request are accurate, in accordance w				AMOUNT P By approving municipal exp	AID DIREC	TC TLY BY MU SALANCE C	TAL CLAIM NICIPALITY UE (OWED)	ng that	abides by	14.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Perla MacLeod		learlify that the amounts claimed in this request are accurate, in accordance with municipal policies, and were incurred while conducting municipal business.	th municipal			TOTAL CLAIW AMOUNT PAID DIRECTLY BY MUNICIPALITY BALANCE DUE (OWED) BY approving and signing this expense claim. I am altes municipal expense policies to the best of my knowledge	AID DIREC	TC TLY BY MU 3ALANCE D is expense dit to the best of	NICIPALITY UE (OWED) UE (OWED) IJE (OWED)	108.12 108.12	abides by	14.10	
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uno of expens		while conducting municipal business. Perla MacLeod Signed	th municipal		0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	AMOUNT PAIE By approving and municipal expens. Approver's name	AID DIREC	TC TLY BY MU 3ALANCE D Signed	TAL CLAIM NICIPALITY UE (OWED)	108.12 108.12 108.12	abides by	14.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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LI DOSE OL GAZ	se: PD = pro sense = nam	certify that the amounts claimed in this request are accurate, in accordance with municipal conducting municipal business. The professional development (includes course/conference registration), travel (includes accommodations, transportation, mileage, parking), meals propose of expense - name and location of conference, meeting, municipal event, etc.	th municipal 31/01/2023 Date registration), trave	(includes a	108.12	AMOUNT P By approving municipal exp municipal exp municipal exp	AID DIREC	TC TLY BY MU BALANCE D Signed Signed	TAL CLAIM NICIPALITY UE (OWED) JUE (OWED) Or other	108.12 108.12 108.12	abides by	14.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Purpose of exp	se: PD = pro pense = nam	certify that the amounts claimed in this request are accurate, in accordance with munic policies, and were incurred while conducting municipal business. Peria MacLeod	th municipal a1/01/2023 Date registration), trave	al (includes a	108.12	AMOUNT P By approving municipal exp municipal exp photosis na s, transportatic	AID DIREC	TLY BY MU TLY BY MU Signed Signed Signed	TAL CLAIM NICIPALITY UE (OWED) June (OWED) June (OWED) Or other	108.12 108.12 108.12	abides by		14.10