MUNICIPALITY OF THE COUNTY OF VICTORIA COUNCILLOR EXPENSE CLAIM

NAME:	Jackie Or	Jackie Organ (Councillor District 7)			DATE RANGE:	Marc	From March 7/22		To June 7/22	7/22					
Date Expense	Type of expense	Purpose of expense ² and description	Expense amount (DO NOT incld mileage	From	70	kms	Mileage calculated		~	Meal per diems	ns		Paid by	HSH	Of account
			and meals) (\$)			-	_	Breakfast	unch	Dinner	Incidentals	Total Meals	MOVC	į	OF account
June 2/22	meals	FCM conference					0.40		60000	\$ 30.00	\$ 10.00	22000		3	
								\$10.00	00.02¢	\$30.00	\$10.00	\$73.00		\$9.52	
June 3/22	meals	FCM conference								\$30.00	\$10.00	\$40.00		\$5.22	
June 4/22 r	meals	FCM conference								\$30.00	\$10.00	\$40.00		\$5.22	
June 5/22 r	meals	FCM conference									\$10.00	\$10.00		\$1.30	
June 6/22 r	meals	FCM conference						\$13.00	\$20.00	\$30.00	\$10.00	\$73.00		\$9.52	
June 7/22 r	meals	FCM conference						\$13.00	\$20.00			\$33.00		\$4.30	
March 7/22 PD	OD	FCM conference registration fee	\$966.00									\$0.00		\$126.00	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
1			\$966.00			_	\$0.00					\$269.00	\$0.00	\$161.09	

Date

Jackie Organ Claimant's name

Signed

June Corson

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

LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY:

TOTAL CLAIM:

\$1,235.00 \$0.00

BALANCE DUE (OWED): \$1,235.00

And signing this expense claim, I am attesting that the claim abides pense policies to the best of my knowledge

¹Tripe 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.