MUNICIPALITY OF THE COUNTY OF VICTORIA COUNCILLOR EXPENSE CLAIM

NAME:

Jackie Organ

DATE RANGE: Oct- Dec 2022

				1										for office use
	Date Expense Incurred	Type of expense	Purpose of expense ² and description	amount (DO NOT incld	kms driven	Mileage calculated		M	Meal per diems	5		Paid by	HST	GL account
				meals) (\$)	_	\$ 0.51	Breakfast L	Lunch *	Dinner	cid	Total Meals	MOVC		
	oct 4 2022	Travel	Council		246	1	.0.00	20.00	30.00	\$ 10.00			A D A A A A A A A A A A A A A A A A A A	
	oct12 2022	Travel	Council		246	125.78							0.4	
-	Oct 17 2022	Travel	Council		246	125.78							0,4	
-	Nov 7 2022	Travel	counil		246	125 78					•		16.41	
	Nov 28 2022	Travel	COLICII			10000					t		16.41	
			Couci		322	164.64					•		21,47	
7 1	~		Coulci		246	125.78							16.41	
			Council		246	125.78					0.51		14,91	
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ဂ	Comments:		_		Г	919.32					0.51	-	103.50	3
					<u>_</u>	ESS AMOU	TOTAL CLAIM: LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: BALANCE DUE (OWED):	ECTLY B'	TOTAL CLAIM: CTLY BY MUNICIPALITY: BALANCE DUE (OWED):	CLAIM: PALITY: — DWED): —	919.83 - 919.83		11.	119.93
5 ⊒ 5	ertify that the a	amounts clain s, and were ii	I certify that the amounts claimed in this request are accurate, in accordance with municipal policies, and were incurred while conducting municipal business.	with		B, ab	By approving and signing this expense claim, I am attesting that th abides by municipal expense policies to the best of my knowledge	signing this al expense	expense cla	im, I am atteo	By approving and signing this expense claim, I am attesting that the claim abides by municipal expense policies to the best of my knowledge	3		
វ ខ្ពស់	Jackie Organ Claimant's name		Signed Date	te		AL	Approver's name	<u>ω</u>	Signed		Date			
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²Purpose of expense = name and location of conference, meeting, municipal event, etc. Type of expense: PD = professional development (includes course/conference registration), travel (includes accommodations, transportation, mileage, parking), meals or other