

MUNICIPALITY OF THE COUNTY OF VICTORIA
COUNCILLOR EXPENSE CLAIM

NAME: Bruce Morrison DATE RANGE: Mar 01 - Apr 03/23

Date Expense Incurred	Type of expense ¹	Purpose of expense ² and description	Expense amount (DO NOT incl mileage and meals) (\$)	kms driven	Mileage calculated \$	Meal per diems					Total Meals	Paid by MOVC	HST	GL account	
						Breakfast \$	Lunch \$	Dinner \$	Incidentals \$	Total Meals					
23/03		Spencer's Super		55	28.05										
03/04		Spencer's Super		100	51.00										

Comments:
Community Mgt. Budgets
on 23/03/23

TOTAL CLAIM: 79.05
LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY:
BALANCE DUE (OWED):

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 Bruce Morrison Signed [Signature] Date Apr 13/23

By approving and signing this expense claim, I am attesting that the claim complies with municipal policies to the best of my knowledge
Approver's Name [Signature] Signed [Signature] Date April 14/23

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.

for office use