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

NAME: Shull	Marian	DATE RANGE:	Ra	THE COL	(pr. 30/23	to						for office use
Date Type of		Expense amount (DO	kms	Mileage		×	Meal per diems	<u> </u>		Paid by	HST	GL account
	Purpose of expense [*] and description	mileage and	driven		Breakfast I	unch n no	Dinner 30.00	Incidentals \$ 10.00	Total Meals			
				10-NA							ř	
28/4/22 1/24VEI	Dest 6. B. Meeting			1/1/11					1			
	Barbert to Stephen											
)	r potus i			•								
									1			
				•					ı		1	
				1					ı		1	
				1					1			
				•								
									ı		1	
									•			
				•								
				119.04							1	
		1		119 54	د در اسان ا							-

municipal policies, and were incurred while conducting municipal business. Type of expense: PD = professional development (includes course/conference registration), travel (includes accommodations, transportation, mileage, parking), meals or other Claimant's name Mexice. Mount Signed By approving and signing this expense claim, I am attesting that the claim abides by municipal expense policies to the best of my knowledge Approver's name

Date

I certify that the amounts claimed in this request are accurate, in accordance with

Comments:

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

²Purpose of expense = name and location of conference, meeting, municipal event, etc.