

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

NAME: Bruce Morrison DATE RANGE: June May 11/22

Date Expense Incurred	Type of expense ¹	Purpose of expense ² and description	Expense amount (DO NOT include mileage and meals) (\$)	kms driven	Mileage calculated	Meal per diems					Total Meals	Paid by MOVC	HST	GL account
						0.48	Breakfast \$	Lunch \$	Dinner \$	Incidentals \$				
04/05		Banquet & White Pt		491	-	-	13.00	20.00	30.00	10.00	-		-	
05/05		White Point		0	-	-	13.00	-	30.00	10.00	-		-	
07/05		White Pt & Banquet		491	-	-	13.00	20.00			-		-	

Comments: M.D. 7M Conference

TOTAL CLAIM: 625.04
 LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: -
 BALANCE DUE (OWED): 625.04

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: _____

By approving and signing this expense claim, I am attesting that the claim applies by municipal expense policies to the best of my knowledge.
 Approver's name: [Signature] Signed: [Signature] Date: May 11/22

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.