## MUNICIPALITY OF THE COUNTY OF VICTORIA COUNCILLOR EXPENSE CLAIM

			6		mul designated	Bus KunculocisA	3/08 heavel Dept CCH Sylvey	26/08 Leave DCBA Mtg/2004	Incurred expense	Type of Purpose of expense <sup>2</sup> and description		Lead 1 / At DAIL	
380 142 80 HIM		,						170 · Paulided	eals) (\$) \$ 0.48 \$ 13.00 \$ 20.00 \$ 0.00	driven Breakfast Lunch Dinner Incide	Expense Meal per diems	1 1	21/27
7/ 78	170 80					1	4.30			Total Meals	Paid by HST GL account		for office use

Comments: certify that the amounts claimed in this request are accurate, in accordance with municipal policies, and were incurred wind conducting municipal business. Claimant's name <sup>1</sup>Type of expense: PD = professional development (includes course/conference registration), travel (includes accommodations, transportation, mileage, parking), meals or other TOTAL CLAIM:
LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY:
BALANCE DUE (OWED): Approver's name

By approving and signing this expense claim, I am attesting that the claim abides by municipal expense policies to the best of my knowledge

Date

<sup>2</sup>Purpose of expense = name and location of conference, meeting, municipal event, etc.