MUNICIPALITY OF THE COUNTY OF VICTORIA COUNCILLOR EXPENSE CLAIM

Date Type of Purpose of expense Purpose Purpose of expense P	NAME:	Bruce Morri	ington	DATE RANG	3E: Oct.01-31	/22							
Nove of the second of the seco	Date	Type of	D	Expense amount (D	o kms	Mileage		*	eal per diems	U,		Paid by	HST
	Incurred	expense	Turpose or expense and describe	mileage ar	nd driven	\$ 0.51	Breakfast S 13.00	Lunch \$ 20.00	Dinner Ir	cidentals	Total Meals	MOVC	
	2022-01-10		N. Shore FD 60th Aniv.		100	51.00		1			1		6.65
	2022-12-10		Service Exchange Mtg.		170	86.70					ı		11.31
	2022/19/10		Middle River Fire Dept e S		50	25.50							3.33
	2022/19/10		Dest C.B. Mtg		200	102.00					1		13.30
	2022-10-20		CB Parnership gos		200	102.00				10.00	10.00		14.61
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Cort 12 Sydney Oct 19 Port Hawkesbury Oct 19 Port Hawkesbury Oct 20 Ingonish E Oct 20 Ingonish E Oct 20 Ingonish Oct			ghts	4, D0	L_	367.20					10.00		49.20
Oct 19 Port Hawkesbury Oct 19 Port Hawkesbury Det 20 Ingonish E O E O E O E O E O E O E O E O E O E	Comments: OCT 12 Sydney		All Rig	ublin 4					TOTAL	CLAIM:	377.20		
Certify that the amounts claimed in this request sea accurate in accordance with request, and were incurred while Andrewing municipal business. Continue in the amounts claimed in this request sea accurate in accordance with abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides by priving and signing this expense claim. I am attesting that the claim abides are accurately and attention are also and attentin	Oct 19 Port Haw Oct 20 Ingonish	kesbury .	8 com	Road, D		LESS AMO	OUNT PAID	DIRECTLY BALA	NCE DUE (OWED):	377.20		
Signed 3 Date Approver's name Signed Date Type of expense: Pg = progressional declaration (includes accommodations, transportation, mileage, parking), meals or other	certify that the	es, and were	aimed in this request are accurated in acg	sings with			By approving abides by mu	and signing th	nis expense cl	aim, I am att he best of m	esting that the yknowledge	yaim T	
	The Dimant's new process of the proc	re pensengen nam	Signed Si	30 Date 30 Date conference registr	ation), travel (ncludes acco	approver's na mmodations, tra	ansportation,	Signed mileage, park	ing), meals c	Date	01100	/
	717												