MUNICIPALITY OF THE COUNTY OF VICTORIA COUNCILLOR EXPENSE CLAIM

NAME:	Shee	e Messes	DATE RANGE:	Mu	100100	0/20							for office use
Date	Type of	Purpose of expense ² and description	Expense amount (DO NOT incld	kms	Mileage calculated		Mea	Meal per diems	•		Paid by MOVC	HST	GL account
	expense		mileage and meals) (\$)	driven	\$ 48	Breakfast L \$ 13.00 \$	Lunch 1 20.00 \$	Dinner In	cidentals 10.00	Total Meals			
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Comments:					LESS AMO	TOTAL CLAIM: LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: BALANCE DUE (OWED):	IRECTLY E BALAI	TOTAL 3Y MUNICI	TOTAL CLAIM: MUNICIPALITY: E DUE (OWED):				
I certify that the a municipal collicie	amounts clies, and wer	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 hame Signed! Date	ss. Date			By approving and abides by hunicing and abides by hunicing and approver's name	signing pal exper	is expense ce policies to	laim, I am att the best of m الاسواليات	approving and signing this expense claim, I am attesting that the claim less by municipal expense policies to the best of my knowledge less by many less and less and less are less and less and less are less and less and less are less are less are less and less are les are less are less are less are less are less are	claim	Ď.	

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.