MUNICIPALITY OF THE COUNTY OF VICTORIA
COUNCILLOR EXPENSE CLAIM

NAME: Leanne MacEachen

DATE RANGE: From 1-May-23 To 31-May-23

Date Expense Incurred	Type of expense[1]	Purpose of expense[2] and description	Expense amount (DO NOT incld mileage and meals) ($)	From	To	kms driven	Mileage calculated $ 0.51	Meal per diems: Breakfast $ 13.00	Lunch $ 20.00	Dinner $ 30.00	Incidentals $ 10.00	Total Meals	Paid by MOVC	for office use: HST	GL account
May 8/23	Travel	COW - Cape North		Baddeck	Cape North	300	$153.39					$0.00		$20.01	
							$0.00					$0.00		$0.00	
							$0.00					$0.00		$0.00	
												$0.00		$0.00	
							$0.00					$0.00		$0.00	
												$0.00		$0.00	
												$0.00		$0.00	
												$0.00		$0.00	
												$0.00		$0.00	
												$0.00		$0.00	
												$0.00		$0.00	
												$0.00		$0.00	
												$0.00		$0.00	
			$0.00				$153.39					$0.00	$0.00	$20.01	

Comments:

TOTAL CLAIM: $153.39

LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: $0.00

BALANCE DUE (OWED): $153.39

I certify that the amounts claimed in this request are accurate, in accordance with municipal policies, and were incurred while conducting municipal business.

Leanne MacEachen — *Claimant's name* — *Signed* — June 15/23 — *Date*

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 — *Signed* — *Date*

[1]Type of expense: PD = professional development (includes course/conference registration), travel (includes accommodations, transportation, mileage, parking), meals or other

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