MUNICIPALITY OF THE COUNTY OF VICTORIA COUNCILLOR EXPENSE CLAIM

NAME:	Paul Macl	Paul MacNeil (Councillor District 1)			DATE RANGE:	Fr 17-N	From 17-Mar-23	l	To 3-Apr-23	23					
Date Expense	Type of expense	Purpose of expense ² and description	Expense amount (DO NOT incld mileage	From	70	kms	Mileage calculated		Me	Meal per diems			Paid by	HST	Gl account
ii cui red			and meals) (\$)	A PARTICULAR PROPERTY OF THE P			-	Breakfast \$ 13.00 \$	Lunch 20.00 \$	Dinner In	Incidentals T	Total Meals	MOVC		
17-Mar-23	Travel	Meeting with Deputy Minister of Public Works		lona	Baddeck	106			, a		160	\$0,00		\$7.07	
20-Mar-23 Travel	Travel	Library-COW-Council		lona	Baddeck	106	\$54.20	> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-			\$0.00		\$7.07	enterada a de la casa d
27-Mar-23 Travel	Travel	Communications Officer Meeting		lona	Baddeck	106	\$54.20	10				\$0.00		\$7.07	
3-Apr-23 Travel	Travel	COW Meeting		lona	Baddeck	106	\$54.20					\$0.00		\$7.07	
									3			\$0.00		\$0.00	**************************************
								5000 	· ·			\$0.00		\$0.00	
						***************************************						\$0.00		\$0.00	A THE PARTY OF THE
												\$0.00		\$0.00	
												\$0.00		\$0.00	***************************************
			And the second s									\$0,00		\$0.00	***************************************
												\$0.00		\$0.00	
	We professional destroyment programmes		Martin commence of the commenc									\$0.00		\$0.00	
												\$0.00		\$0.00	
Comments:			\$0.00			_	\$216.79					\$0.00	\$0.00	\$28.28	
						_	LESS AMOL	TOTAL CLAIM: LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: BALANCE DUE (OWED):	RECTLY BY	TOTAL CLAIM: CTLY BY MUNICIPALITY; BALANCE DUE (OWED);	CLAIM: ALITY:	\$216.79 \$0.00 \$216.79			
I certify that the amount municipal business Paul MacNeil	e amounts cla	I certify that the amounts claimed in this request are accurate, in accordance with municipal policies, and were incurred while conducting municipal business Paul MacNeil 3-Apr-23	e with municipal policies,	and were incurre	ad while conducting 3-Apr-23		ച ഒ	By approving and signing this expense claim, I am attesting that the claim abides by municipal expense policies to the best of my knowledge	d signing this	expense clai	m, I am attest best of my k	ing that the cla	äm		
Claimant's name	name	Signed			Date		A	Approver's name	ame	S	Signed		Date		

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