MUNICIPALITY OF THE COUNTY OF VICTORIA COUNCILLOR EXPENSE CLAIM

NAME: BL	Up & Mossiso	DATE RANGE:	Tes	ne 01-	Jun	Sune30/2	C					for office use
Date Type of		Expense amount (DO	kms	Mileage calculated		s	Meal per diems	ī,		Paid by	HST	GL account
Incurred expense	e Purpose of expense and describuon	mileage and meals) (\$)	driven	Br \$ ~ 30,48° \$	eakfast 13.00	Lunch \$ 20.00 \$	Dinner 30.00	Incidentals \$ 10.00	Total Meals			
2023-05-02 Travel	1020 : CEDI	125		t					•			
102	Private Sunting			t		20.00			-		1	
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Comments:		30.	Rose	LESS AMO	LESS AMOUNT PAID DIRECTLY BALJ	DIRECTL\	TOT. ANCE DU	TOTAL CLAIM: CTLY BY MUNICIPALITY: BALANCE DUE (OWED):	1461	6		
I certify that the amour municipal policies, and	I certify that the amounts claimed in this request are accurate, in accordance with municipal policies, and were incurred while conducting municipal business. A Month of the secondary of the s	ss. Solution	,		By approving and abides by municip	By approving and signing abides by municipal exper	this expense nse policies	is expense claim, I am a e policies to the best of Quara Mod Care.	By approving and signing this expense claim, I am attesting that the claim abides by municipal expense policies to the best of my knowledge for the control of the best of my knowledge approver's name Signed	the claim ge	Ÿ	
Claimant's pame	Signed	Date			Uppicon	dilic	Ġ					

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.