

MUNICIPALITY OF THE COUNTY OF VICTORIA  
COUNCILLOR EXPENSE CLAIM

NAME: Bruce Morrison DATE RANGE: Jan 01 - Sep 30/23

Date Expense Incurred	Type of expense <sup>1</sup>	Purpose of expense <sup>2</sup> and description	Expense amount (DO NOT incl meals) (\$)	kms driven	Mileage calculated \$	Meal per diems				Total Meals	Paid by MOVIC	HST	GL account
						Breakfast \$	Lunch \$	Dinner \$	Incidentals \$				
2023-05-02	Travel	Columbi CEPI	125		-								
13-6/03	Travel	Parliament	110		-	20.00							

Comments: 130.16

TOTAL CLAIM: 146.16  
 LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: -  
 BALANCE DUE (OWED): -

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 Name: Bruce Morrison Signed: Bruce Morrison 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: Mitchell Lamberton Signed: Mitchell Lamberton Date: July 1/23

<sup>1</sup>Type of expense: PD = professional development (includes course/conference registration), travel (includes accommodations, transportation, mileage, parking), meals or other  
<sup>2</sup>Purpose of expense = name and location of conference, meeting, municipal event, etc.