## MUNICIPALITY OF THE COUNTY OF VICTORIA COUNCILLOR EXPENSE CLAIM

NAME:	Leanne M	acEachen	DATE RANGE:	1-Oct-23				o oct-23							
							31-0	C1-25							
Date Expense Incurred	Type of expense <sup>1</sup>	Purpose of expense <sup>2</sup> and description	Expense amount (DO NOT incid mileage and meals) (\$)	From	То	kms driven	Mileage calculated	Breakfast	Meal per diems				Paid by MOVC	HST	GL account
October 5/23	Travel	EMO Prep Readiness meeting		D. H. I			\$ 0.58	\$ 13.00	\$ 20.00	\$ 30.00	\$ 10.00	Total Meals			
October	marei			Baddeck	North Sydney	116	\$66.93		\$20.00			\$20.00		\$11.34	
11/23	Travel	REN LOC Meeting		Baddeck	Whycocomagh	78	\$39.88					\$0.00		\$5.20	
Oct 16-20/23	Travel	AMANS Fall Conference Digby		Port Hood		1,024	\$590.85	\$52.00	\$20.00	\$60.00	\$40.00	\$172.00		\$99.50	
	Meals											\$0.00		\$0.00	
L-	Travel						\$0.00					\$0.00		\$0.00	
	Travel											\$0.00			
	Travel											\$0.00		\$0.00	
												\$0.00		\$0.00	
	Other						nap.					\$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				\$697.66					\$192.00	\$0.00	\$116.04	
Comments:			TOTAL CLAIM: \$889.66  LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: \$0.00  BALANCE DUE (OWED): \$889.66												
Claimant's na	me DE PD = profe	Signed ssional development (includes course/confere	Vov (123	on, mlean	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										
*Purpose of expe	nse = name	and location of conference, meeting, municipal	al event, etc.					and of Guiler							