MUNICIPALITY OF THE COUNTY OF VICTORIA
COUNCILLOR EXPENSE CLAIM

NAME: Barbara Longva

DATE RANGE: From May 19,2023 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 $ 0.58	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 192023	Travel	Mawiomi Centre Port Hawkesbury		Wreck Cove	Port Hawkesbury	161	$93.38					$0.00		$12.18	
May242023	Travel	FCM Toronto		Wreck Cove	Halifax Airport	786	$455.88					$0.00		$59.46	
May252023	Travel	FCM Toronto						$13.00	$20.00	$30.00	$10.00	$73.00		$9.52	
May26,2023	Travel	FCM Toronto								$30.00	$10.00	$40.00		$5.22	
May27,2023	Travel	FCM Toronto						$13.00		$30.00	$10.00	$53.00		$6.91	
May28,2023	Travel	FCM Toronto						$13.00			$10.00	$23.00		$3.00	
May29,2023	Travel	FCM Toronto						$13.00	$20.00	$30.00		$63.00		$8.22	
												$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			947	$549.26 546.42					$252.00	$0.00	$104.51	

Comments:

TOTAL CLAIM: $801.26

LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: $0.00

BALANCE DUE (OWED): $801.26 798.42

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 *Signed* *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 BRUCE MORRISON *Signed* *Date* 11/12/23

[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.