

## MUNICIPALITY OF THE COUNTY OF VICTORIA COUNCILLOR EXPENSE CLAIM

NAME: Larry Dauphinee DATE RANGE: January 01 - Jan 31, 2024

Date Expense Incurred	Type of expense <sup>1</sup>	Purpose of expense <sup>2</sup> and description	Expense amount (DO NOT incld mileage and meals) (\$)	kms driven	Mileage calculated \$ 0.58	Meal per diems					Paid by MOVOC	for office use	
						Breakfast \$ 13.00	Lunch \$ 20.00	Dinner \$ 30.00	Incidentals \$ 10.00	Total Meals		HST	GL account
01-22-2024	Travel	VCT and Council Baddeck		186	107.32							14.00	
					107.32							14.00	

Comments:  
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 \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL CLAIM:** 107.32  
**LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY:** -  
**BALANCE DUE (OWED):** 107.32

I certify that the amounts claimed in this request are accurate, in accordance with municipal policies, and were incurred while conducting municipal business.

L Dauphinee                      L. Dauphinee  
 Claimant's name                      Signed

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

<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.