## MUNICIPALITY OF THE COUNTY OF VICTORIA COUNCILLOR EXPENSE CLAIM

			From			T	0								
NAME:	BRUCE M	ORRISON			DATE RANGE:	JAN	N 10'24		JAN :	26'24			2		
															for office use
Date Expense Incurred	Type of expense <sup>1</sup>	Purpose of expense <sup>2</sup> and description	Expense amount (DO NOT incld mileage	From	То	kms driven	Mileage calculated 5170	Meal per diems				Paid by MOVC	нѕт	GL account	
	100 CONTINUE		and meals) (\$)						Lunch \$ 20.00	Dinner \$ 30.00	Incidentals \$ 10.00	Total Meals			
01/26/24	Travel	EDPC							\$20.00			\$20.00		\$2.61	
2024-01-10	Travel	Hospital Meeting								\$30.00		\$30.00		\$3.91	
2024-01-25	Travel	EMO Meeting		BADDECK	Sydney	156	\$90.48	90.01	\$20.00			\$20.00		\$14.41	
2024-01-26	Travel	EHS meeting		BADDECK	St Anns	40	\$23.08		\$20.00			\$20.00		\$5.62	
-												\$0.00		\$0.00	
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			\$0.00		***************************************		\$113.56	_				\$90.00	\$0.00	\$26.55	
Comments:							113	ion				2222.22	203.09		
						-					AL CLAIM:	\$203.56	00-		
						-	LESS AMO	DUNT PAID			ICIPALITY:	\$0.00	2 7	5	
									BAL	ANCE DU	E (OWED):	\$203.56	203.0	1	
						-									
I certify that the amounts claimed in this request are accurate, in accordance with municipal policies, and were incurred municipal business.					d while conducting			By approvin	g and signing nuricipal expe	this expensence policies	e claim, I am a to the best of r	ttesting that the comy knowledge	alaim Bh	28/2	H
Claimant's name Signed						-		Approver	's name	-	Signed	TOCTOR	Date	NDIA	

<sup>&</sup>lt;sup>1</sup>Type of expense: PD = professional development (includes course/conference registration), travel (includes accommodations, transportation, mileage, parking), meals or other

<sup>&</sup>lt;sup>2</sup>Purpose of expense = name and location of conference, meeting, municipal event, etc.