

**MUNICIPALITY OF THE COUNTY OF VICTORIA  
COUNCILLOR EXPENSE CLAIM**

NAME: Jackie Organ DATE RANGE: Jan - Feb 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 0.5170	Meal per diems					Paid by MOVC	for office use	
						Breakfast	Lunch	Dinner	Incidentals	Total Meals		HST	GL account
						\$ 13.00	\$ 20.00	\$ 30.00	\$ 10.00				
Jan. 22 2024	travel	council Baddeck, Transit AGM		246	125.78							16.41	
Feb 12 2024	travel	council Baddeck		246	125.78							16.41	
Feb 20 2024	travel	council Baddeck		246	125.78							16.41	
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			-		377.34							49.22	

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

TOTAL CLAIM: 377.34  
LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: \_\_\_\_\_  
BALANCE DUE (OWED): 377.34 425.83

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

By approving and signing this expense claim, I am attesting that the claim abides by municipal expense policies to the best of my knowledge  
*Bruce S Morrison*  
Approver's name      Signed      Date

Jackie Organ  
Claimant's name      Signed      May 15 2023

<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.