

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

NAME: Leanne MacEachen From 1-Mar-24 To 31-Mar-24
DATE RANGE:

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	Meal per diems					Paid by MOVC	for office use	
								Breakfast	Lunch	Dinner	Incidentals	Total Meals		HST	GL account
Mar 6/24	Travel	ACOA announcement		Baddeck	St Anns	40	\$23.08	\$ 13.00	\$ 20.00	\$ 30.00	\$ 10.00	\$0.00	\$3.01		
Mar 6/24	Travel	Upland meeting		Baddeck	Iona	106	\$61.16		\$20.00			\$20.00	\$10.59		
Mar 20/24	Travel	AMANS Interviews		Port Hood	Elmsdale	534	\$308.12					\$0.00	\$40.19		
												\$0.00	\$0.00		
							\$0.00					\$0.00	\$0.00		
												\$0.00	\$0.00		
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												\$0.00	\$0.00		
												\$0.00	\$0.00		
												\$0.00	\$0.00		
			\$0.00				\$392.36					\$20.00	\$0.00	\$53.79	

Comments:
ACOA Funding, Upland Public session, AMANS ED Interviews

TOTAL CLAIM: \$412.36
 LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: \$0.00
 BALANCE DUE (OWED): \$412.36

I certify that the amounts claimed in this request are accurate, in accordance with municipal policies, and were incurred while conducting municipal business.
Leanne MacEachen [Signature]
 Claimant's name Signed Date Apr 10/24

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 Morrison [Signature]
 Approver's name Signed Date Apr 24/24

¹Type of expense: PD = professional development (includes course/conference registration), travel (includes accommodations, transportation, mileage, parking), meals or other
²Purpose of expense = name and location of conference, meeting, municipal event, etc.

[Signature]