

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

NAME: Larry Dauphinee

DATE RANGE: March 1 - March 31

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	Meal per diems					Paid by MOVC	for office use	
						Breakfast	Lunch	Dinner	Incidentals	Total Meals		HST	GL account
						\$ 0.577	\$ 13.00	\$ 20.00	\$ 30.00				
03-11-2024	Travel	Budget/COW Baddeck		187	107.90								
3-26-2024	Travel	Council Baddeck		187	107.90								
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			-		215.80							-	28.15

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

TOTAL CLAIM: 215.80  
LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: -  
BALANCE DUE (OWED): 215.80

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  
Claimant's name  
Signed  
31-Mar-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  
  
\_\_\_\_\_  
Approver's name  
Signed  
Date  
2/4/24

<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.

LOU