

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

NAME: Bruce Morrison DATE RANGE: Mar 01-31/24

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 MOVOC	for office use	
						Breakfast	Lunch	Dinner	Incidentals	Total Meals		HST	GL account
						\$ 0.577	\$ 13.00	\$ 20.00	\$ 30.00	\$ 10.00			
Mar 06/24		ACOA ANNOU. Englishtown		55	31.74								
Mar. 12/24		DHA Meeting		170	98.09								
			-		129.83						-		

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

TOTAL CLAIM: 129.83  
LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: -  
BALANCE DUE (OWED): 129.83

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

Claimant's name: Bruce Morrison  
Signed: B.J. Morrison

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: Kannel MacIsaac  
Signed: [Signature]  
Date: Apr 8/24

<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.