

MUNICIPALITY OF THE COUNTY OF VICTORIA
COUNCILLOR EXPENSE CLAIM

NAME: BRUCE MORRISON DATE RANGE: March 5, '24 From _____ To _____

Date Expense Incurred	Type of expense ¹	Purpose of expense ² and description	Expense amount (DO NOT inclid 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
								\$ 0.58	\$ 13.00	\$ 20.00	\$ 30.00				
2024-03-05	Travel	FCM Conference	\$695.99											\$90.78	
														\$0.00	
														\$0.00	
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														\$0.00	
														\$0.00	
			\$695.99				\$0.00						\$0.00	\$90.78	

Comments:

TOTAL CLAIM: \$695.99
LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: \$0.00
BALANCE DUE (OWED): \$695.99

I certify that the amounts claimed in this request are accurate, in accordance with municipal policies, and were incurred while conducting municipal business.
3/4/24 Bruce Morrison
Claimant's name Signed Date

By approving and signing this expense claim, I am attesting that the claim abides by municipal expense policies to the best of my knowledge
Mix Redden Mix Redden Apr 3/24
Approver's name Signed Date

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.