Date Expense Incurred	Type of expense <sup>1</sup>	Purpose of expense <sup>2</sup> and description	amount (DO NOT incld	kms	Mileage calculated \$0.57700		Meal per diems						The second second	
				driven			Breakfast \$13.00	Lunch \$20.00		ncidental		Total Meals	Paid b	
04-Mar	FLIGHT		1784.04		Total Control	14414		\$ 20.00	\$ 30.00	\$ 10.00	\$	60.00	31212120	
05-Mar			0						\$ 30.00			40.00		
06-Mar	HOTEL		581.16		388					\$ 10.00		10.00		
07-Mar	TAXI		40.85		V.00	TO THE				<b>V</b> 10.00	-	10.00		
08-Mar					C-Illo	\$0	\$ 13.00		The second		\$	13.00		
	West to the					\$0	Statistics (		n kiranas.			10.00		
Mar 26/24		Audit, Council	RF to Badd R	100	\$	57.70	CHEMINE CHEM	and the second	On the Property	3-2-2	1897.5	T-0.70 - 0.00 -	-	
				diam'r	\$		NE ROBERTS							
					tal s	\$0							200.000	
					13	\$0		1000						
						\$0	S. State Control						-	
		H 10 10 10 10 10 10 10 10 10 10 10 10 10			100	\$0								
	as Marine					\$0								
		40.	-		\$	57.70					\$	123.00	- 14 32 7	
Comments: FCM BOD Ma	arch 4-8 2024	1		LESS .	AMC	OUNT PA	AID DIREC		MUNICI	CLAIM: PALITY: (OWED):	-	180.70 2,586.75		
certify that the amounts claimed in this request are accurate, in accordance with municipal policies, and were  Fraser Patterson					By approving and signing this expense claim. I am attesting that the claim abides be municipal expense policies to the best of my knowledge  Approver's name  Signed  Date									
Type of exp	ense: PD = expense = n	professional dev		s course/ neeting, m	confe	erence reg	gistration), tra					e insportation, mileaç		

for office use

**HST** 

GL

account

Fraser Patterson DATE RANGE: Mar 1 - Mar 31 2024

NAME: