

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

NAME: Jackie Organ DATE RANGE: From 1-Mar-24 To 26-Mar-24

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	HST	GL account
								Breakfast	Lunch	Dinner	Incidentals	Total Meals			
3/26/2024	Travel	council audit committee		Neil's Hbr	Baddeck	246	\$ 0.5770	\$ 13.00	\$ 20.00	\$ 30.00	\$ 10.00				
							\$141.94							\$0.00	\$18.51
														\$0.00	\$0.00
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														\$0.00	\$0.00
			\$0.00				\$141.94						\$0.00	\$0.00	\$18.51

Comments:

TOTAL CLAIM: \$141.94
 LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: \$0.00
 BALANCE DUE (OWED): \$141.94

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 _____ 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.

Approver's name _____ Signed [Signature] Date 3/26/24

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.