

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

NAME: Larry Dauphinee DATE RANGE: November

Date Expense Incurred	Type of expense ¹	Purpose of expense ² and description	Expense amount (DO NOT incld mileage and meals) (\$)	kms driven	Mileage calculated \$ 0.57	Meal per diems					Paid by MOVOC	for office use	
						Breakfast \$ 13.00	Lunch \$ 20.00	Dinner \$ 30.00	Incidentals \$ 10.00	Total Meals		HST	GL account
06-11-2023	Travel	NSFM Halifax		451	257.07		20.00	30.00	10.00	60.00		41.36	
07-11-2023	Meals	NSFM Halifax			-	13.00	20.00	30.00	10.00	73.00		9.52	
08-11-2023	Meals	NSFM Halifax			-	13.00			10.00	23.00		3.00	
09-11-2023	Meals	NSFM Halifax			-	13.00			10.00	23.00		3.00	
10-11-2023	Travel	Hlfx - Ingonish	594.71	451	257.07	13.00	20.00			33.00	594.71	115.41	
14-11-2023	Travel	Council Baddeck		186	106.02					-		13.83	
27-11-2023	Travel	Cmtee of Whole		186	106.02					-		13.83	
					-					-		-	
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					-					-		-	
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					-					-		-	
					-					-		-	
			594.71		726.18					212.00	594.71	199.94	

Comments:

TOTAL CLAIM: 1,532.89 *1911.81*
LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: - 594.71
BALANCE DUE (OWED): 938.18 *947.10*

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

By approving and signing this expense claim, I am attesting that the claim abides by municipal expense policies to the best of my knowledge

Claimant's name: L Dauphinee
Signed: _____
Date: Dec 13 2023

Paula Morrison
 Approver's name: _____ Signed: _____ Date: 14/12/23

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.