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 \$0.57700	Meal per diems					Paid by MOVC	HST	GL account	
						Breakfast \$13.00	Lunch \$20.00		Incidentals \$10.00	Total Meals				
	TRAVEL	cow		100		\$57.70								
	TRAVEL	AW BOD		100		\$57.70					_ 100 and 100		-	
Dec 11/23	TRAVEL	COUNCIL		100	\$	57.70		- 10					-	
					1	\$0					-		-7	
						\$0				200		100 miles (100 miles)		
						\$0		8001			4			
					100	\$0						A A STATE OF THE S	F	
	THE CHESCHALL					\$0			A 275 15	ilizacjima ilizaci	E CALCONICE	440		
			THE STATE OF THE S			\$0								
					400	\$0							-	
						\$0				Area (Constitution)	- 10000 0000		-	
						\$0				le de la compansión de la				
						\$0		705 0		William St.	-200	Independent of		74
			-		\$	173.10	/				_		A SHARE THE PARTY OF THE PARTY	
Comments:				LE	SS.	AMOUNT P			Y MUNIC	IPALITY:	\$ 173.10 0 \$ 173.10			1

By approving and signing this expense claim, I am attesting that the claim abides by municipal expense policies to the best of my knowledge I certify that the amounts claimed in this request are accurate, in accordance with municipal policies, and were incurred while conducting municipal business.

Fraser Patterson

N Fraser Patterson

Dec 27/23

Claimant's name

Signed

Date

Approver's name

Signed

<sup>1</sup>Type of expense: PD = professional development (includes course/conference registration), travel (includes accommodations, transportation, mileage

<sup>2</sup>Purpose of expense = name and location of conference, meeting, municipal event, etc.