

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

NAME: Bruce Morrison DATE RANGE:

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	Meal per diems					Paid by MOVOC	for office use	
						Breakfast	Lunch	Dinner	Incidentals	Total Meals		HST	GL account
						\$ 13.00	\$ 20.00	\$ 30.00	\$ 10.00				
Oct 04/23		Council meeting Ingonish		200	114.00							14.87	
2023-10-25		Nyanza		25	14.25							1.86	
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			-		128.25							-	16.73

Comments:

TOTAL CLAIM: 128.25
LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: -
BALANCE DUE (OWED): 128.25

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 B.J. Morrison 14/11/23
Bruce J. Morrison

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 Alth Signed Alth 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.