

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

NAME: **Leanne MacEachen** DATE RANGE: From **1-Jul-23** To **31-Jul-23**

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	for office use		
								Breakfast	Lunch	Dinner	Incidentals	Total Meals		HST	GL account	
								\$ 0.58	\$ 13.00	\$ 20.00	\$ 30.00	\$ 10.00				
August 1/23	Travel	Council		Baddeck	Ingonish	200	\$115.40						\$0.00		\$15.05	
Aug 28/23	Travel	Best practice Mission	\$1,858.18				\$0.00						\$0.00		\$242.37	
							\$0.00						\$0.00		\$0.00	
							\$0.00						\$0.00		\$0.00	
							\$0.00						\$0.00		\$0.00	
							\$0.00						\$0.00		\$0.00	
							\$0.00						\$0.00		\$0.00	
							\$0.00						\$0.00		\$0.00	
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							\$0.00						\$0.00		\$0.00	
							\$0.00						\$0.00		\$0.00	
							\$0.00						\$0.00		\$0.00	
							\$0.00						\$0.00		\$0.00	
							\$0.00						\$0.00		\$0.00	
			\$1,858.18				\$115.40						\$0.00		\$257.42	

Comments:

TOTAL CLAIM: \$1,973.58
LESS AMOUNT PAID DIRECTLY BY MUNICIPALITY: \$0.00
BALANCE DUE (OWED): \$1,973.58

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