# Municipality of St. Mary's Expense Claim

Municipality of the District of St. Mary's

**Claimant's Name:** Marvin MAcDonald

**Claimant's Title:** CAO

**Period Covered:** March 1, 2020 to March 31, 2020

**Date Submitted:** March 27/20

| Date Expense Incurred | Business Purpose of Expense: must include: meeting name/conference | Professional/Travel Development Expense Type (mileage/hotel/airfare) | Location | kms driven | Mileage calculated @ 0.5250 | Meals: Breakfast $ 15 | Meals: Lunch $ 20 | Meals: Dinner $ 20 | Other Expenses | | Paid by Municipality: Credit Card | Paid by Municipality: Invoice |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 03-05-20 | Meeting with Terra Pure re HHW Collection | Mileage | Gegogan Transfer Stn | 22 | 11.55 | - | - | - | - | | | |
| 03-06-20 | Meeting with Insurance Agent | Mileage | Antigonish | 120 | 63.60 | | 20.00 | | | | | |
| | | | | | - | | | | | | | |
| | | | | | - | | | | | | | |
| | | | | | - | | | | | | | |
| | | | | | - | | | | | | | |
| | | | | | - | | | | | | | |
| | | | | | - | | | | | | | |
| | | | | | - | | | | | | | |
| | | | | | - | | | | | | | |
| | Totals: | - | - | 142 | $ 75.15 | $ - | $ 20.00 | $ - | $ - | # | - | |

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

Marvin MacDonald, CAO
*Print name and position*

M MacDonald
*Signed*

*APPROVED by:

Michael Morton Warden
*Print Name and Position*

*Signed*

Marian Fraser
~~Director of Finance/~~
Treasurer
*Print Name and Position*

*Signed*

Total Claim: 95.15
Less amount paid directly by municipality: -

**Balance due (owed): $ 95.15**

PAID
MAR 30 2020
Per 0163160