

Municipality of St. Mary's Expense Claim



Claimant's Name: Marvin MacDonald
 Claimant's Title: CAO
 Period Covered: December 1-31, 2020
 Date Submitted: _____

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 @	Meals			Other Expenses	Paid by Municipality								
						Breakfast \$	Lunch \$	Dinner \$		Credit Card	Invoice							
					0.5100													
Totals:										0	\$		\$		\$		\$	

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

*APPROVED by: Greg Weir / Warden
 Print Name and Position

Marian Fraser
 Director of Finance
 Print Name and Position

Treasurer
 Position

Total Claim: _____
 Less amount paid directly by municipality: _____
 Balance due (owed): \$ _____