

Municipality of St. Mary's Expense Claim



Claimant's Name: Beulah Malloy
 Councilor: _____
 Period Covered: June 1/2020
 Date Submitted: June 30/2020

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 @	Breakfast	Meals Lunch	Dinner	Other Expenses	Paid by Municipality
June 3/2020	COTW Conference Call									
June 8/2020	Council Conference Call									
June 10/2020	CHB Conference Call									
June 16/2020	CHB Planning Conference Call									
June 17/2020	COTW Conference Call									
June 18/2020	CHB Basecamp Training Conference Call									
June 29/2020	Meeting Fatom Studio	Mileage	Shebrooke	24	12.60					
Totals:										
				24	\$ 12.60	\$ -	\$ -	\$ -	\$ -	

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

Beulah Malloy Councilor
 Print name and position
 Signed: *Beulah Malloy*

*APPROVED BY: *Richard Warden*
 Signed: _____

Print Name and Position: *Richard Warden*
 Signed: _____
 Print Name and Position: *Marvin MacDonald, CAO*
 Signed: _____

Total Claim: 12.60
 Less amount paid directly by municipality: -

Balance due (owed): \$ 12.60

PAID!
 JUL 15 2020
 Mr. O'Leary
 6- dust 1 exp
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