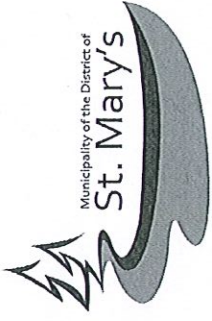


Municipality of St. Mary's Expense Claim



Claimant's Name: Kayland Smith
 Claimant's Title: District 3/5
 Period Covered: April 1st to 30th 2020
 Date Submitted: July 5th 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 @	Meals			Other Expenses	Paid by Municipality						
						Breakfast \$	Lunch \$	Dinner \$		Credit Card	Invoice					
April 8th 2020	Committee of the Whole				0.5250	15	20	20								
April 14th 2020	Council Meeting															
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.

Kayland Smith Councilor - District 3/5

 Signed

*APPROVED BY:
Michael Webster, Warden Signed

 Print Name and Position
Marcia MacDonald, CAO Signed

 Print Name and Position

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

Balance due (owed): \$ -