

Municipality of St. Mary's Expense Claim



Claimant's Name: Charlene Zinck
 Claimant's Title: District 2 Councillor
 Period Covered: Mar-21
 Date Submitted: 31-Mar-21

| 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 |
| 03-02-21 | Joint Council Meeting | | Council Chambers | 58 | 0.5200 | | | 20 | | | |
| 03-03-21 | COTW Meeting | | Council Chambers | 58 | 30.16 | | | | | | |
| 03-08-21 | Council Meeting | | Council Chambers | 58 | 30.16 | | | | | | |
| 03-10-21 | Budget Session | | Council Chambers | 58 | 30.16 | | | | | | |
| 03-17-21 | COTW Meeting | | Council Chambers | 58 | 30.16 | | | | | | |
| 03-24-21 | Budget Session | | Council Chambers | 58 | 30.16 | | | | | | |
| 03-31-21 | AGM | | Council Chambers | 58 | 30.16 | | | | | | |
| Totals: | | | | 406 | 211.12 | \$ | \$ | \$ | \$ | | # |

Total Claim: 211.12
 Less amount paid directly by municipality: -

Balance due (owed): \$ 211.12

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

Charlene Zinck, District 2 Councillor
 Print name and position

*APPROVED BY: Charlene Zinck Signed
Marvin MacDonald, CAO Signed
 Print Name and Position

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