

Municipality of St. Mary's Expense Claim



Claimant's Name: James Fuller
 Claimant's Title: Deputy Warden
 Period Covered: Nov-20
 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
11-04-20	COTW Meeting ~ round trip	Mileage	Sherbrooke	54	27.54	-	-	20	-	-	-
11-08-20	Remembrance Day Ceremony	Mileage	Goshen	-	-	-	-	-	-	-	-
11-09-20	Council Meeting	Mileage	Sherbrooke	54	27.54	-	-	-	-	-	-
11-17-20	Council Training	Mileage	Sherbrooke	54	27.54	-	-	-	-	-	-
11-20-20	Council Training	Mileage	Sherbrooke	54	27.54	-	-	-	-	-	-
11-20-20	Contituant concern	Mileage	Goshen	0	-	-	-	-	-	-	-
11-24-20	Council Training	Mileage	Sherbrooke	54	27.54	-	-	-	-	-	-
11-29-20	Community Centre TreeLighting	Mileage	Goshen	-	-	-	-	-	-	-	-
11-30-20	Council Training	Mileage	Sherbrooke	54	27.54	-	-	-	-	-	-
Totals:				324	\$ 165.24	\$ -	\$ -	\$ 20	\$ -	\$ -	#

Total Claim: 165.24
 Less amount paid directly by municipality: -

Balance due (owed): \$ 165.24

I certify that the amounts claimed in this request are accurate, in accordance with municipal policy, and were incurred while conducting municipal business.
 Deputy Warden Fuller
 Signed: _____
 *APPROVED by: Greg Wier/Winden
 Print Name and Position: Greg Wier/Winden
 Director of Finance
 Signed: _____
 Print Name and Position: _____
 Treasurer
 Signed: _____
 Print Name and Position: _____

PAID
DEC 02 2020
 Per: 016882