Municipality of St. Mary's Expense Claim

Claimant's Name: Marvin MacDonald

Claimant's Title: CAO

Period Covered: May 1 to May 31, 2021

Date Submitted: 08-Aug-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 @ 0.5200	Meals Breakfast $ 15	Meals Lunch $ 20	Meals Dinner $ 20	Other Expenses	Paid by Municipality: Credit Card	Paid by Municipality: Invoice
					-	-		-	-		
					-						
					-						
					-						
					-						
					-						
					-						
					-						
					-						
					-						
	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

Signed

*APPROVED by:

Greg Uter / Warden
Print Name and Position

Signed

Nina Fraser, DCF
Print Name and Position

Signed

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

Balance due (owed): $ -