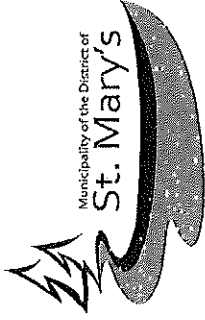


Municipality of St. Mary's Expense Claim



Claimant's Name: Courtney Mallman
 Claimant's Title: Councillor
 Period Covered: January 1 - January 31, 2022
 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 | | | | | |
| 01-05-22 | Committee of the Whole | | Sherbrooke | | 0.0550 | 15 | 20 | 20 | | | | | | | | |
| 01-10-22 | Regular Council Meeting | | Sherbrooke | | | | | | | | | | | | | |
| 01-19-22 | Committee of the Whole | | Sherbrooke | | | | | | | | | | | | | |
| 01-24-22 | Emergency Council Meeting | | Sherbrooke | | | | | | | | | | | | | |
| 01-25-22 | Emergency Council Meeting | | Sherbrooke | | | | | | | | | | | | | |
| 01-25-22 | Fire Services Meeting | | Sherbrooke | | | | | | | | | | | | | |
| 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.
 Courtney Mallman Councillor Courtney Mallman January 2, 2022 [Signature]
 Signed
 *APPROVED BY:
Marissa Jordan CAO Signed [Signature]
Greg Wrege/Waldan Signed [Signature]

Total Claim: _____
 Less amount paid directly by municipality: _____
 Balance due (owed): \$ _____