Municipality of St. Mary's Expense Claim

Municipality of the District of St. Mary's

Claimant's Name: James Fuller

Claimant's Title: Deputy Warden

Period Covered: May 1 to May 31, 201

Date Submitted: 24-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
05-10-21	Council Meeting				-	-		-	-		
05-19-21	COTW 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.

Print name and position — *Signed* 1 Sept 2

*APPROVED by:

Greg Wier / Warden — *Print Name and Position* — *Signed*

M. Fraser, DOF — *Print Name and Position* — *Signed*

Total Claim: -

Less amount paid directly by municipality: -

Balance due (owed): $ -