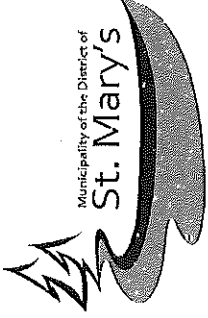


Municipality of St. Mary's Expense Claim



Claimant's Name: James Fuller
 Claimant's Title: Deputy Warden
 Period Covered: _____
 Date Submitted: 03-Jan-22

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
12-01-21	Sherbrooke Village Commission Meeting	Mileage	Sherbrooke	65	0.5500						
12-01-21	COTW Meeting	Mileage	Sherbrooke	62	34.10						
12-03-21	Emergency Council Meeting	Mileage	Sherbrooke	62	34.10						
12-05-21	Tree lighting	Mileage	Goshen	16	8.80						
12-13-21	Council Meeting	Mileage	Sherbrooke	62	34.10						
12-15-21	COTW Meeting	Mileage	Sherbrooke	62	34.10						
12-17-21	Special Council Meeting	Mileage	Sherbrooke	62	34.10						
Totals:				391	\$ 215.05	\$	\$	\$	\$	\$	\$

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

James Fuller, Deputy Warden

 Print name and position

APPROVED BY:
Debra Mahony Signed
 Print Name and Position
Manissa Jordan, ESO Officer I Signed
 Print Name and Position
Deputy CWO

Total Claim: 215.05
 Less amount paid directly by municipality: _____
 Balance due (owed): \$ 215.05

6- dup + 60088 Dec 21
 10 dup 2110 211324
 017723 MF