# 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:** 1 February 2022 - 28 February 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 @ 0.5500 | Meals: Breakfast $ 15 | Meals: Lunch $ 20 | Meals: Dinner $ 20 | Other Expenses | Paid by Municipality: Credit Card | Paid by Municipality: invoice |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 02-02-22 | COTW Meeting | Mileage | Sherbrooke | 62 | 34.10 | - | | - | - | | |
| 02-15-22 | EMO Meeting | Mileage | Sherbrooke | 62 | 34.10 | | | | | | |
| 02-16-22 | Council/COTW Meeting | Mileage | Sherbrooke | 62 | 34.10 | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | Totals: | - | - | 186 | $ 102.30 | $ - | $ - | $ - | $ - | # - | |

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*

*Signed*

*APPROVED by:

Greg Wier/Warden
*Print Name and Position*

Signed

Marissa Jordan, CAO
*Print Name and Position*

Signed

Total Claim: 102.30
Less amount paid directly by municipality: -

**Balance due (owed): $ 102.30**

G-Feb22dist6exp
10 21021110 211326

PAID
017836