

Municipality of the District of St. Mary's Hospitality Expense Form

Department
Administration

Name	Title

Purchases

Date	Description	Amount	Budget Line Item
Oct 1 - Dec 31 2021			
Total			

Summary

Budget Line Item	Amount
Total	

Authorization

Preauthorization form attached

If preauthorization not obtained please complete the following:

Reason preauthorization was not possible: _____

Purpose of Event: _____

Number of Attendees: _____



 Signature **Marissa Jordan**
 Chief Administrative
 Officer

Date

Approved By _____

Date

Date Adopted: October 9, 2018