

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

<b>Department</b>
Administration

<b>Name</b>	<b>Title</b>

**Purchases**

Date	Description	Amount	Budget Line Item
Jan 1 Mar 31, 2022			
<b>Total</b>			

**Summary**

Budget Line Item	Amount
<b>Total</b>	

**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