# Municipality of St. Mary's Expense Claim

Municipality of the District of St. Mary's

Claimant's Name: Everett Baker

Claimant's Title: Councillor

Period Covered: Jan-23

Date Submitted: 01-Feb-23

| 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 @ 0.5800 | Meals: Breakfast $ 15 | Meals: Lunch $ 20 | Meals: Dinner $ 20 | Other Expenses | Paid by Municipality: Credit Card | Paid by Municipality: Invoice |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | - | - | | - | - | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | 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.

Everett Baker, Councillor — Everett E Baker
*Print name and position* — *Signed*

*APPROVED by:

Greg Wier / Warden — [signature]
*Print Name and Position* — Signed

Marissa Gordan, CAO — MGordan
*Print Name and Position* — Signed

Total Claim: -

Less amount paid directly by municipality: -

Balance due (owed): $ -