# Municipality of St. Mary's Expense Claim

Claimant's Name: Courtney Mailman

Claimant's Title: Councillor

Period Covered: August-2023

Date Submitted: September 1st 2023

| 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 $ 35 | Other Expenses | # | Paid by Municipality: Credit Card | Paid by Municipality: Invoice |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Mileage | Sherbrooke | 0 | - | - | | - | - | | | |
| | | Mileage | Sherbrooke | 0 | | | | | | | | |
| | | Mileage | Sherbrooke | 0 | - | | | | | | | |
| | | Mileage | Sherbrooke | 0 | - | | | | | | | |
| | | Mileage | Sherbrooke | 0 | | | | | | | | |
| | | | | 0 | - | | | | | | | |
| | | | | 0 | - | | | | | | | |
| | | | | 0 | - | | | | | | | |
| | | | | | - | | | | | | | |
| | | | | | - | | | | | | | |
| | | | | | - | | | | | | | |
| | 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.

Courtney Mailman Councillor Courtney Mailman Courtney Mailman
*Print name and position* *Signed*

*APPROVED by:

Greg Wier/Warden
*Print Name and Position* *Signed*

CAO
*Print Name and Position* Signed

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

Balance due (owed): $ -