Municipality of St. Mary's Expense Claim

Claimant's Name: Charlene Zinck

Claimant's Title: District 2 Councillor

Period Covered: December-2023

Date Submitted: 01-Feb-2024

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
12-06-23	COTW		Council Chambers		-	-		-	-		
					-						
					-						
					-						
					-						
					-						
					-						
					-						
					-						
	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.

Charlene Zinck District 2 Councillor
Print name and position *Signed*

*APPROVED by:

Greg Wier/Warden
Print Name and Position *Signed*

Doug Phinney CAO
Print Name and Position *Signed*

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

Balance due (owed): $ -