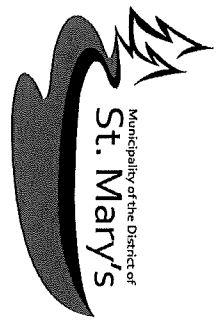


Municipality of St. Mary's Expense Claim



Claimant's Name: Dana O'Connell
 Claimant's Title: Councillor District #2
 Period Covered: 1-28 February 2025
 Date Submitted: March 4, 2025

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 @	Meals			Other Expenses	Paid by Municipality	
						Breakfast	Lunch	Dinner		Credit Card	Invoice
02-27-25	Guyssborough County Home Care	Meeting	Guyssborough	170	0.6150	15	20	35			
Totals:										\$	\$

I certify that the amounts claimed in this request are accurate, in accordance with municipal policy, and were incurred while conducting municipal business.

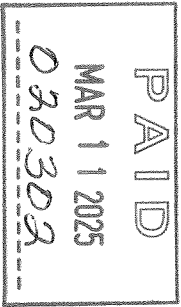
Dana O'Connell Councillor
 Print name and position
 Signed

*APPROVED BY:
Dana O'Connell
 Print Name and Position
 Signed

Print Name and Position
 Signed

Total Claim: 104.55
 Less amount paid directly by municipality: -

Balance due (owed): \$ 104.55



6 - Feb 25 O'Connell
 10 210 2110 211320
 [Signature]