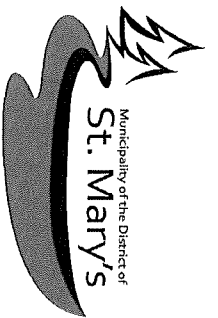


Municipality of St. Mary's Expense Claim



Claimant's Name: Dana O'Connell
 Claimant's Title: Councillor District #2
 Period Covered: 1-31 March 2025
 Date Submitted: April 7, 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
03-27-25	Guyssborough County Home Care	Mileage	Guyssborough	170	0.6150 104.55	\$ 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: *[Signature]*
 Print Name and Position
 Signed

[Signature]
 Signed

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

Balance due (owed): \$ 104.55

G-MAR250Connell AP
10 400 4100 410001

PAID
 APR 11 2025
 020436