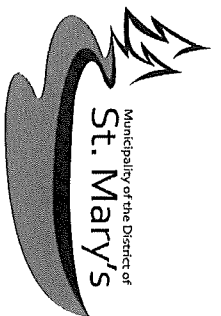


Municipality of St. Mary's Expense Claim



Claimant's Name: Beulah Malloy

Claimant's Title: Deputy Warden

Period Covered: December 1 - December 31 2024

Date Submitted: _____

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 @	Breakfast	Meals Lunch	Dinner	Other Expenses	Paid by Municipality
December 4/2024	COTW	Mileage	Sherbrooke	24	0.5900					
December 4/2024	Admin Round Table	Mileage	Sherbrooke	24	14.16					
December 9/2024	Council/Audit	Mileage	Sherbrooke	24	14.16					
December 10/2024	eEPR Circular Materials	Mileage	Sherbrooke	24	14.16					
December 17/2024	ERSWM by Zoom	Mileage								
December 23/2024	Special Council	Mileage	Sherbrooke	24	14.16					
Totals:										#
										\$
										\$

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

Beulah Malloy Deputy Warden

Beulah Malloy
Print name and position signed

Total Claim: 70.80
Less amount paid directly by municipality: -
Balance due (owed): \$ 70.80

*APPROVED BY:

Shirley O'Connell
Print Name and Position signed

6 - Dec 24 Deputy Malloy

10 210 2110 211323

Shirley O'Connell

PAID JAN 07 2025
030174