# Municipality of St. Mary's Expense Claim

Municipality of the District of St. Mary's

**Claimant's Name:** James Fuller

**Claimant's Title:** Warden

**Period Covered:** February/2025

**Date Submitted:** 28/Feb/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 @ 0.6150 | Meals Breakfast $ 15 | Meals Lunch $ 20 | Meals Dinner $ 35 | Other Expenses | Paid by Municipality Credit Card | Paid by Municipality Invoice |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 02/05/25 | COTW Meeting | Mileage | Sherbrooke | 62 | 38.13 | - | | - | - | | |
| 02/10/25 | Council Meeting | Mileage | Sherbrooke | 62 | 38.13 | | | | | | |
| | | | | 0 | - | | | | | | |
| | | | | 0 | - | | | | | | |
| | | | | 0 | - | | | | | | |
| | | | | 0 | - | | | | | | |
| | | | | | | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - | | | | | | |
| | Totals: | - | - | 124 | $ 76.26 | $ - | $ - | $ - | $ - | # - | - |

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

James Fuller
*Print name and position*

*Signed*

***APPROVED by:**

Doug Patterson CAO
*Print Name and Position*

Signed

*Print Name and Position*

Signed

Total Claim: 76.26
Less amount paid directly by municipality: -

**Balance due (owed):** $ 76.26

PAID
FEB 28 2025
020285

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