Municipality of St. Mary's Expense Claim

Claimant's Name: Charlene Zinck

Claimant's Title: Councillor

Period Covered: August-2024

Date Submitted: 01-Sep-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 @ 0.5900	Meals Breakfast $ 15	Meals Lunch $ 20	Meals Dinner $ 35	Other Expenses	#	Paid by Municipality: Credit Card	Paid by Municipality: Invoice
		Mileage	Sherbrooke	0	-	-		-	-			
		Mileage	Sherbrooke	0								
		Mileage	Sherbrooke	0	-							
		Mileage	Sherbrooke	0	-							
		Mileage	Sherbrooke	0								
				0	-							
				0	-							
				0	-							
					-							
					-							
					-							
	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, Councillor
Print name and position *Signed*

***APPROVED by:**

Print Name and Position Signed

Print Name and Position Signed

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

Balance due (owed): $ -