

# Municipality of St. Mary's Expense Claim



**Claimant's Name:** Charlene Zinck  
**Claimant's Title:** Councillor  
**Period Covered:** October-2024  
**Date Submitted:** 01-Nov-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 @	Meals			Other Expenses	Paid by Municipality	
						Breakfast	Lunch	Dinner		Credit Card	Invoice
					0.5900	\$ 15	\$ 20	\$ 35			
		Mileage	Sherbrooke	0	-	-		-	-		
		Mileage	Sherbrooke	0	-						
		Mileage	Sherbrooke	0	-						
		Mileage	Sherbrooke	0	-						
		Mileage	Sherbrooke	0	-						
				0	-						
				0	-						
				0	-						
				0	-						
				0	-						
				0	-						
<b>Totals:</b>			-	-	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):** \$ -