Municipality of St. Mary's Expense Claim

Claimant's Name: Beulah Malloy

Claimant's Title: Deputy Warden

Period Covered: February 1 to February 28/2025

Date Submitted: March 1/2025

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 @ 0.61.5	Meals Breakfast $ 15	Meals Lunch $ 20	Meals Dinner $ 35	Other Expenses	#	Paid by Municipality Credit Card	Paid by Municipality Invoice
Feb3/2025	JOHS	mileage	Sherbrooke	24	14.76							
Feb 5/2025	COTW/Budjet	Mileage	Sherbrooke	24	14.76							
Feb10/2025	Council	mileage	Sherbrooke	24	14.76							
Feb 11/2025	Circular materials	mileage	Sherbrooke	24	14.76							
Feb. 19/2025	COTW	mileage	Sherbrooke	24	14.76							
Feb.26/2025	Fireservices	mileage	Sherbrooke	24	14.76							
Feb27.2025	mileage	Mileage	Guys.	176	108.24							
					-							
	Totals:	-	-	320	$ 196.80	$ -	$ -	$ -	$ -		$ -	$ -

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
Print name and position *Signed*

***APPROVED by:**

Doug Nelson CAO
Print Name and Position *Signed*

Print Name and Position *Signed*

Total Claim: 196.80
Less amount paid directly by municipality: -

Balance due (owed): $ 196.80

PAID
MAR 25 2025
020333

G - Feb 25 Exp Malloy
10 210 2110 211323.

Dx Doug