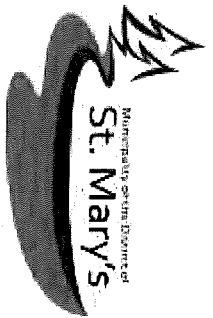


# Municipality of St. Mary's Expense Claim



Claimant's Name: Beulah Malloy

Claimant's Title: Deputy Warden

Period Covered: March 1 to March 31/2025

Date Submitted: March 31/2025

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 @	Meals			Other Expenses	Paid by Municipality					
						Breakfast	Lunch	Dinner		Credit Card	Invoice				
March 31/2025	JOHS	Mileage	Sherbrooke	24	0.6150	15	20	35							
March 5/2025	COTW	Mileage	Sherbrooke	24	14.76										
March 19/2025	COTW/Council	Mileage	Sherbrooke	24	14.76										
March 31/2025	UARB	Mileage	Sherbrooke	24	14.76										
Totals:										96	59.04				

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  
 Signed: *[Signature]*

\*APPROVED by: *[Signature]*  
 Signed: *[Signature]*

Print Name and Position: Beulah Malloy  
 Signed: *[Signature]*

Print Name and Position: Beulah Malloy  
 Signed: *[Signature]*

Total Claim: 59.04  
 Less amount paid directly by municipality: -

Balance due (owed): \$ 59.04

