# Municipality of St. Mary's Expense Claim

Claimant's Name: Dana O'Connell

Claimant's Title: Councillor - District 2

Period Covered: June-2025

Date Submitted: 01-Jul-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 @ 0.6000 | Meals Breakfast $ 15 | Meals Lunch $ 20 | Meals Dinner $ 35 | Other Expenses | Paid by Municipality: Credit Card | Paid by Municipality: Invoice |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 07-02-2025 | COTW Meeting | Mileage | Sherbrooke | 0 | - | - | | - | - | | |
| 07-16-2025 | Regular Council & COTW Meeting | Mileage | Sherbrooke | 0 | - | | | | | | |
| 07-22-2025 | Emergency Council Meeting | Mileage | Sherbrooke | 0 | - | | | | | | |
| | | | | 0 | - | | | | | | |
| | | | | 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.

Dana O'Connell Councillor District 2
*Print name and position* *Signed*

*APPROVED by:

Leslie McFarlane, CAO
*Print Name and Position* Signed

*Print Name and Position* Signed

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

Balance due (owed): $ -