Municipality of St. Mary's Expense Claim

Municipality of the District of St. Mary's

Claimant's Name: Dana Oconnell

Claimant's Title: Councillor District #2

Period Covered: 1- 31 Octoberr 2025

Date Submitted:

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 @ 0.5950	Meals Breakfast $ 15	Meals Lunch $ 20	Meals Dinner $ 35	Other Expenses	Paid by Municipality: Credit Card	Paid by Municipality: Invoice
10/30/25	Guysborough Home Care Support		Guysborough	170	101.15						
					-						
					-						
	Totals:	-	-	170	$ 101.15	$ -	$ -	$ -	$ -	# $ -	$ -

I certify that the amounts claimed in this request are accurate, in accordance with municipal policy, and were incurred while conducting municipal business.

Print name and position — *Signed*

***APPROVED by:**

L. McFarlane, CAO — Signed

Print Name and Position

BEULAH MANLEY — Signed 3 Dec '25

Print Name and Position

Total Claim: 101.15

Less amount paid directly by municipality: -

Balance due (owed): $ 101.15

PAID
DEC 03 2025
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