Municipality of St. Mary's Expense Claim

Claimant's Name: Beulah Malloy

Claimant's Title: Deputy Warden

Period Covered: April1 2025/to April30/2025

Date Submitted: April 30/2025

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 @ 0.6150	Meals Breakfast $ 15	Meals Lunch $ 20	Meals Dinner $ 35	Other Expenses	Paid by Municipality Credit Card	Paid by Municipality Invoice
April2/2025	COTW/AGM	mileage	Sherbrooke	24	14.76						
April23/2025	Fire services	mileage	Sherbrooke	24	14.76						
April24/2025	Solid Waste	mileage	Guysborough	176	108.24						
					-						
					-						
					-						
					-						
					-						
					-						
					-						
					-						
	Totals:	-	-	224	$ 137.76	$ -	$ -	$ -	$ -	# $ -	$ -

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 Peters CAO
Print Name and Position *Signed*

Print Name and Position *Signed*

Total Claim: 137.76
Less amount paid directly by municipality: -

Balance due (owed): $ 137.76

G- Apr25 exp
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MAY 21 2025
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