

Municipality of St. Mary's Expense Claim



Claimant's Name: Beulah Malloy

Claimant's Title: Deputy Warden

Period Covered: October 1 to October 31/2025

Date Submitted: November 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 @ 0.595	Meals			Other Expenses	Paid by Municipality	
						Breakfast	Lunch	Dinner		Credit Card	Invoice
Oct 1/2025	COTW	mileage	Sherbrooke	24	14.28	\$ 15	\$ 20	\$ 35			
Oct 2/2025	Business Awards	mileage	Sherbrooke	24	14.28						
Oct 15/2025	Council/COTW	mileage	Sherbrooke	24	14.28						
Oct 2/2025	Fire Services	mileage	Sherbrooke	24	14.28						
Oct 27/2025	PB Lighthouse	mileage	PB Community Center	32	19.04						
					-						
					-						
					-						
					-						
Totals:				128	\$ 76.16	\$ -	\$ -	\$ -	\$ -	#	-

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

Beulah Malloy
Signed

*APPROVED by:

[Signature]
Print name and position

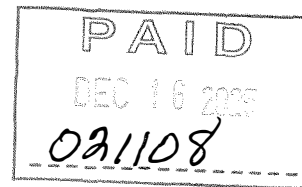
Signed

Print Name and Position

Signed

Total Claim: 76.16
Less amount paid directly by municipality: -

Balance due (owed): \$ 76.16



[Handwritten signature]

G - Oct 25 Exp
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