

# Municipality of St. Mary's Expense Claim



Claimant's Name: Beulah Malloy

Claimant's Title: Deputy Warden

Period Covered: December 1 to December 30/2025

Date Submitted: \_\_\_\_\_ January 2/2026

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
						Breakfast	Lunch	Dinner	
December 3/2025	COTW/Council	mileage	Sherbrooke	24	0.6150	\$ 15	\$ 20	\$ 35	
December 4/2025	Volunteer Awards	mileage	Sherbrooke	24	14.76				

Paid by Municipality	
Credit Card	Invoice

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

*[Signature]*  
Signed

\*APPROVED by: *[Signature]*  
Print Name and Position

Lesley McFarlane, CAO  
Print Name and Position

*[Signature]*  
Signed

Total Claim: -  
 Less amount paid directly by municipality: 28.52

Balance due (owed): \$ 28.52

*mm*

6 - Dec 25 Malloy exp

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**PAID**

JAN 15 2026

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