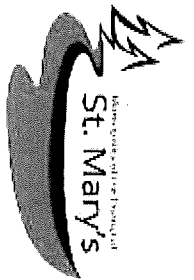


# Municipality of St. Mary's Expense Claim



Claimant's Name: James Fuller

Claimant's Title: Warden

Period Covered: 2/1/2026-2/28/2026

Date Submitted: 02/28/26

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	Paid by Municipality	
						Breakfast	Lunch	Dinner		Credit Card	Invoice
February 4th 2026	COTW Meeting	Mileage	Sherbrooke	56	0.5100	15	20	20			
February 5th 2026	ECRL Meeting	Mileage	Mulgrave	184	34.16 100.04						
Totals:										#	\$
											\$
											\$

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

James Fuller - Warden

*[Signature]*  
Signed

\*APPROVED BY:

L. McFarlane, CAO

*[Signature]*  
Signed

Print Name and Position

Signed

PAID

021845

Total Claim: 134.20  
Less amount paid directly by municipality: -

Balance due (owed): \$ 134.20

10210 2110 211120

*[Signature]*