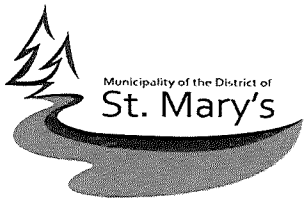
Municipality of St. Mary's Expense Claim



Claimant's Name: Lesley McFarlane

Claimant's Title: CAO

Period Covered: May-2026

Date Submitted: 01-Jun-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 @ 0.5950	Meals: Breakfast $ 15	Meals: Lunch $ 20	Meals: Dinner $ 35	Other Expenses		Paid by Municipality: Credit Card	Paid by Municipality: Invoice
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					-							
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					-							
	Totals:	-	-	0	$ -	$ -	$ -	$ -	$ -	#	-	

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

Lesley McFarlane

Lesley McFarlane
Print name and position

Signed

Digitally signed by Lesley McFarlane
Date: 2026.06.01 14:38:49 -03'00'

***APPROVED by:**

Print Name and Position

Signed

Print Name and Position

Signed

Total Claim: -

Less amount paid directly by municipality: -

Balance due (owed): $ -