SEP 20 2024

Municipal Expense Claim

Claimant's Name: **Jeff Sunderland**

Claimant's Title: **CAO**

Date expense report posted: **16-Sep**

Date Expenses Incurred	Business Purpose of Expense: must include (if applicable): date of travel & destination	Professional Development Expense Type	Travel Expense Type	Travel/Prof Dev Cost ($)	kms driven	Mileage calculated @ 0.5838	Meals				Other Expenses	Credit Card
							Breakfast	Lunch	Dinner	Other		
							$20.00	$20.00	$45.00			
09-11-24	EMO - ICS 300 - New Minas	Training	Mileage		266.00	$155.29		20.00				
09-12-24	EMO - ICS 300- New Minas	Training	Mileage		266.00	$155.29		20.00				
09-13-24	EMO - ICS 300 - New Minas	Training	Mileage		266.00	$155.29		20.00			-	
		-	-	-		$465.87	-	60.00	-	-	-	-

Net of HST Rebate

HST Rebate Amt HST Rebate Amt $43.40

HST Rebate Amt -Other

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

Jeff Sunderland, CAO
Print name and position *Signed*

*APPROVED by:

Linda Gregory Warden
Print name and position *Signed*

Print name and position *Signed*

Total Claim:	525.87
Less amount paid directly by municipality:	-
	525.87
	-
Balance Due (Owed):	525.87