Municipal Expense Claim

Claimant's Name: **Jeff Sunderland**

Claimant's Title: **CAO**

Date expense report posted: **31-Mar**

MAR 2 9 2024

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 @ 0.577	Meals				Other Expenses	Credit Card
							Breakfast $20.00	Lunch $20.00	Dinner $45.00	Other		
02-24-24	Travel to Weymouth Meeting		Meeting		68.00	$39.24						
02-28-24	Travel to Weymouth Meeting		Meeting		68.00	$39.24						
03-21-24	AMA Regional - Shelburne		Meeting		400.00	$230.80						
						$0.00						
						$0.00						
						$0.00						
									-			
		-	-	-		**$309.28**	-	-	-	-	-	-

Net of HST Rebate

HST Rebate Amt HST Rebate Amt $28.81

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:	309.28
Less amount paid directly by municipality:	-
	309.28
	-
Balance Due (Owed):	309.28