



EMPLOYEE NAME: Joe Blakowea MONTH OF: March YEAR: 21

Date	Nature of Duties	Mileage	Meals	Hotel	Other
1st	Stroy Plan Office	100			
3rd	MPC	100			
4	Budget + stroy plan	100			
5	Onaway	50			
8	Darwell Lagoon	100			
9	Partnership	100			
11	County Council	100			
18	Stroy Plan	100			
19	"	100			
22	Darwell Lagoon	100			
23	Budget Stroy plan	100			
25	County Council	100			
31	Millrate Meeting	100			
TOTALS:		<u>1250</u>			

ALL APPLICABLE RECEIPTS MUST BE ATTACHED WITH CLAIM

ACCOUNTS PAYABLE USE ONLY

Invoice No: March/21

Description: March/21 Mileage

Codes: 2 11 00 2101 000 Ex 689.50
T F SF T/O LOC Inc

 Ex.
T F SF T/O LOC Inc

 Ex.
T F SF T/O LOC Inc

km 450 @ 0.59 \$ 265.50

800 @ 0.53 \$ 424.00

Total Hotels: _____

Total Other: _____

TOTAL CLAIM: 689.50

[Signature]
Councillor Signature

April 21/21
Date Submitted

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