LAC STE. ANNE COUNTY

Councillor Expense Form

Legislative

Councillor Name: **Ross Bohnet** MONTH OF: **January** YEAR: **2024**

Date	Nature of Duties	Mileage	Meals	Hotel	Other
Jan-9-24	ASB Meetin g Sangudo	60			
Jan-11-24	Council Meeting Sangudo	60			
Jan-22-24	ASB Confrence Lethbridge	620	$20.00		
Jan-23-24	ASB Confrence Lethbridge				
Jan-24-24	ASB Confrence Lethbridge				
Jan 25-24	ASB Confrence Lethbridge	620	$35.00		
Jan-29-24	Budget Meeting Sangudo	60			
	TOTALS:	**1420**	**$55.00**	**$0.00**	**$0.00**

ALL APPLICABLE RECEIPTS MUST BE ATTACHED WITH CLAIM

ACCOUNTS PAYABLE USE ONLY

Invoice No: Jan 2024 M

Description: Mileage / Meals.

Codes

T	F	SF	T/O	LOC		
2	11	00	2101	000	Ex Inc	908.80
2	11	00	2505	000	Ex. Inc	55.00
					Ex. Inc.	

km 1420 @ $0.64 $908.80

Total Meals:	$55.00
Total Hotels:	$0.00
Total Other:	$0.00
TOTAL CLAIM:	**$963.80**

Councillor Signature

Councillor Signature

Date Submitted

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