LAC STE. ANNE COUNTY

Councillor Expense Form

Legislative

Councillor Name: Joe Blakeman **Month of:** - May **Year:** 2024

Date	Nature of Duties	Mileage	Meals	Hotel	Other
May 2	Planning	100			
May 3	Gerson	40			
May 7	office	100			
May 8	Tri Village	20			
May 9	L.C	100			
May 10	OFFice	100			
May 16	Office	100			
May 21	office	100			
May 23	office	100			
May 31	Onoway East	40			
	TOTALS	0	$ 0.00	$ 0.00	$ 0.00

ALL APPLICABLE RECEIPTS MUST BE ATTACHED WITH CLAIM

Invoice No.: May 2024 M

Description: Mileage

Codes:

T	F	SF	T/O	LOC	
2	11	00	210	00	Ex 512.00 Inc
					Ex Inc
					Ex Inc

Total # km: 800 @ .64 0.00 512

Total Meals: $ 0.00

Total Hotels: $ 0.00

Total Other: $ 0.00

Total Claim: $ 0.00 512.

Councillor Signature

Councillor Signature

May 11/24.
Date Submitted

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2020.02.05