LAC STE. ANNE COUNTY

Councillor Expense Form

Legislative

Councillor Name: Kevin Lovich **Month of:** - July **Year:** 2024

Date	Nature of Duties	Mileage	Meals	Hotel	Other
July 5	Planning Mtg Sangudo	40			
July 16	A.S.D " "	40			
July 18	Council " "	40			
July 22	District 3 " Edm	192			
	TOTALS	312	$ 0.00	$ 0.00	$ 0.00

ALL APPLICABLE RECEIPTS MUST BE ATTACHED WITH CLAIM

Invoice No.: July 2024 m

Description: Mileage

Codes:

T	F	SF	T/O	LOC		
2	11	00	2101	00	Ex 199.68 Inc	
					Ex Inc	
					Ex Inc	

Total # km: 312 @ .64 199.68

CK

Total Meals: $ 0.00

Total Hotels: $ 0.00

Total Other: $ 0.00

Total Claim: $ 199.68

Councillor Signature

Councillor Signature

Aug 1/24

Date Submitted

The information collected in this document will be used for the purpose allowed under the authority of the *Municipal Government Act*. The personal information that you provide may be made public, subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you require further information regarding the collection or use of this information, please contact Lac Ste. Anne County Administration 780-785-3411.

2020.02.05