LAC STE. ANNE COUNTY

Councillor Expense Form

Legislative

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

Date	Nature of Duties	Mileage	Meals	Hotel	Other
1st	Planning	100			
1st	Waste water East.	40			
14	Office	100			
15	CL	100			
	TOTALS	0	$ 0.00	$ 0.00	$ 0.00

ALL APPLICABLE RECEIPTS MUST BE ATTACHED WITH CLAIM

Invoice No.: Aug 2024 m

Description: mileage

Codes:

T	F	SF	T/O	LOC	
2	11	00	210	000	Ex 217.60 Inc

T	F	SF	T/O	LOC	
					Ex Inc

T	F	SF	T/O	LOC	
					Ex Inc

Total # km: 0 340 @ .64 0.00 217.60

CR

Total Meals: $ 0.00

Total Hotels: $ 0.00

Total Other: $ 0.00

Total Claim: $ 0.00 217.60

Councillor Signature

Councillor Signature

Sept 6/24
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