

Councillor Name: Joe Blakeman

Month of: December Year: 2024

| Date          | Nature of Duties | Mileage  | Meals          | Hotel          | Other          |
|---------------|------------------|----------|----------------|----------------|----------------|
| Dec 2         | Planning         | 100      |                |                |                |
| 3             | Ol Piper         | 180      |                |                |                |
| 12            | DIC              | 100      |                |                |                |
| 13            | Council          | 100      |                |                |                |
| 16            | ASB              | 100      |                |                |                |
| 20            | Planning         | 100      |                |                |                |
| 23            | Office           | 100      |                |                |                |
| <b>TOTALS</b> |                  | <b>0</b> | <b>\$ 0.00</b> | <b>\$ 0.00</b> | <b>\$ 0.00</b> |

**ALL APPLICABLE RECEIPTS MUST BE ATTACHED WITH CLAIM**

Invoice No.: Dec 2024 M

Description: Mileage

Codes:

|          |           |          |            |          |          |                    |
|----------|-----------|----------|------------|----------|----------|--------------------|
| <u>2</u> | <u>11</u> | <u>0</u> | <u>210</u> | <u>0</u> | <u>0</u> | Ex <u>\$499.20</u> |
| T        | F         | SF       | T/O        | LOC      |          | (Inc)              |

  

|   |   |    |     |     |  |     |
|---|---|----|-----|-----|--|-----|
|   |   |    |     |     |  | Ex  |
| T | F | SF | T/O | LOC |  | Inc |

  

|   |   |    |     |     |  |     |
|---|---|----|-----|-----|--|-----|
|   |   |    |     |     |  | Ex  |
| T | F | SF | T/O | LOC |  | Inc |

Total # km: 0.780 @ .64 \$499.20  
✓ ck 0.00

Total Meals: \$ 0.00  
 Total Hotels: \$ 0.00  
 Total Other: \$ 0.00

Total Claim: ~~\$ 0.00~~ 499.20

  
 Councillor Signature

  
 Councillor Signature

Jan 9/24.  
 Date Submitted

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