LAC STE. ANNE COUNTY

Councillor Expense Form

Legislative

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

Date	Nature of Duties	Mileage	Meals	Hotel	Other
02-Dec-24	Budget Meeting Sangudo	60			
6-Dec-24	West End Bus Meeting Mayerthorpe				
06-Dec-24	ERC Meeting Mayerthorpe	22			
13-Dec-24	Council Meeting Sangudo	60			
16-Dec-24	ASB Meeting Sangudo	60			
20-Dec-24	Planning Meeting Sangudo	60			
	TOTALS:	**262**	**$0.00**	**$0.00**	**$0.00**

ALL APPLICABLE RECEIPTS MUST BE ATTACHED WITH CLAIM

ACCOUNTS PAYABLE USE ONLY

Invoice No: Dec 2024 M

Description: Mileage

Codes

T	F	SF	T/O	LOC		
2	11	00	2101	0000	Ex / Inc	167.68
					Ex. / Inc.	
					Ex. / Inc.	

km 262 @ $0.64 $167.68

Total Meals: $0.00

Total Hotels: $0.00

Total Other: $0.00

TOTAL CLAIM: **$167.68**

Councillor Signature

J (Dec 24, 2024 13:58 MST)

Councillor Signature

Date Submitted

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