



Councillor Name: LOAN E OLSVIK Month of: Mar Year: 2025

Date	Nature of Duties	Mileage	Meals	Hotel	Other
Mar 5	AB-TRANS Twin Archa	160			
6	Planning	125			
10	Metis Stony	100			
13	CC	125			
17	RMA	140			
24	Planning	125			
27	CC	125			
28	Wild	140			
TOTALS					

ALL APPLICABLE RECEIPTS MUST BE ATTACHED WITH CLAIM

Invoice No.: Mar 2025 m
 Description: Mileage
 Codes:

<u>2</u>	<u>11</u>	<u>00</u>	<u>200</u>	<u>000</u>	Ex	<u>686.40</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: 1040 @ .66 686.40
 Total Meals: \$
 Total Hotels: \$
 Total Other: \$
 Total Claim: \$ 686.40

[Signature]
 Councillor Signature
[Signature]
 Councillor Signature

Date Submitted

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