LAC STE. ANNE COUNTY

Councillor Expense Form

Legislative

Councillor Name: - Lorne Olsvik **Month of:** - Apr **Year:** 2025

Date	Nature of Duties	Mileage	Meals	Hotel	Other
Apr 3	Planning	125			
8	Standard	140			
10	CC	125			
17	County	125			
22	Highway 43	125			
24	CC	125			
29	Wild	140			
	TOTALS	905			

ALL APPLICABLE RECEIPTS MUST BE ATTACHED WITH CLAIM

Invoice No.: Apr 2025 M

Description: Mileage.

Codes:

T	F	SF	T/O	LOC	
2	11	00	2101	080	Ex 597.30 Inc
					Ex Inc
					Ex Inc

Total # km: 905 @ .66 597.30

Total Meals: $

Total Hotels: $

Total Other: $

Total Claim: $ 597.30

Councillor Signature

Councillor Signature

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.

2020.02.03