LAC STE. ANNE COUNTY

Councillor Expense Form

Legislative

Councillor Name: - Blakeman **Month of:** - May. **Year:** 2025

Date	Nature of Duties	Mileage	Meals	Hotel	Other
May 2	Governence	100			
5	East end united church	40			
7	DLC East end	40			
8	CC	100			
9	RMA Alberta Beach	10			
20	DLC East	40.			
26	Office	100			
28	Office	100			
	TOTALS				

ALL APPLICABLE RECEIPTS MUST BE ATTACHED WITH CLAIM

Invoice No.: May 2025 M

Description: mileage

Codes:

T	F	SF	T/O	LOC		
2	11	00	200000		Ex 349.80 Inc	
					Ex Inc	
					Ex Inc	

Total # km: 530 ✓ CR. @ .66 349.80

Total Meals: $

Total Hotels: $

Total Other: $

Total Claim: $ 349.80

Councillor Signature

Councillor Signature

June 12/25.
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