LAC STE. ANNE COUNTY

Councillor Expense Form

Legislative

Councillor Name: Joane Oswik **Month of:** May **Year:** 2025

Date	Nature of Duties	Mileage	Meals	Hotel	Other
May 1	Planning	125			
8	CC	125			
9	Sangudo	125			
22	CC	125			
23	Wild	140			
27	North 43	125			
	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	2101	00	Ex 504.90 Inc
					Ex Inc
					Ex Inc

Total # km: 765 @ .66 504.90

CR.

Total Meals: $

Total Hotels: $

Total Other: $

Total Claim: $ 504.90

Councillor Signature

George Vaughan

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.

2020.02.05