Claimant's Name: **1ST QTR - APRIL 1/25-JUNE 1/25** **Debbie Francis**

Claimant's Title: **Councillor**

Date Expenses Incurred	Business Purpose of Expense: must include (if applicable): destination	Professional Development Expense Type	Travel Expense Type	Travel/($) not Km's	Conferences fees $$	kms driven	Mileage calculated @ 0.5932	Meals	Profesional Fees	Accommodations
							-			
							-			
							-			
							-			
							-			
							-			
							-			
							-			
							-			
							-			
							-			
							-			
							-			
							-			
							-			
				-	-	-	-	-	-	-
				(travel)			(travel)			

Please note: Purchase of Alcohol will not be reimbursed.

Travel	0.00
Accommodations	0.00
Conferences fees	0.00
Meals	*0.00*
Training & Development	0.00
Other	0.00

TOTAL:

Total: 0.00

NNUAL EXPENS

$$ Other Expenses
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