

Incurred	include (if applicable): destination	Expense Type	Type	Cost (\$)		\$ 0.5838	\$ 24.90	\$ 25.20	\$ 61.85	
Qtr 2										
Qtr 2 Total				\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Please note: Purchase of Alcohol is not reimbursed.



**FY 2024-25
Expense Reporting
July 1, 2024 - September 30, 2024**

Claimant's Name: **Bernadette Knapp**
 Claimant's Title: **Councillor**
 Date of expense report: **7/1/2024-9/30/2024**

Date Expenses Incurred	Business Purpose of Expense: must include (if applicable): destination	Professional Development Expense Type	Travel Expense Type	Travel/Prof Dev Cost (\$)	kms driven	Mileage calculated	Per Diems			Other Expenses
							Breakfast	Lunch	Dinner	
Qtr 2										
Qtr 2 Total				\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Please note: Purchase of Alcohol is not reimbursed.



**FY 2024-25
Expense Reporting
July 1, 2024 - September 30, 2024**

Claimant's Name: **Chad LeBlanc**
 Claimant's Title: **Councillor**
 Date of expense report: **7/1/2024-9/30/2024**

Date Expenses Incurred	Business Purpose of Expense: must include (if applicable): destination	Professional Development Expense Type	Travel Expense Type	Travel/Prof Dev Cost (\$)	kms driven	Mileage calculated	Per Diems			Other Expenses
							Breakfast	Lunch	Dinner	
Qtr 2										
Qtr 2 Total				\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Please note: Purchase of Alcohol is not reimbursed.



**FY 2024-25
Expense Reporting
July 1, 2024 - September 30, 2024**

Claimant's Name: **Gary Marshall**
 Claimant's Title: **Councillor**
 Date of expense report: **7/1/2024-9/30/2024**

Date Expenses Incurred	Business Purpose of Expense: must include (if applicable): destination	Professional Development Expense Type	Travel Expense Type	Travel/Prof Dev Cost (\$)	kms driven	Mileage calculated	Per Diems			Other Expenses
							Breakfast	Lunch	Dinner	
Qtr 2										
Qtr 2 Total				\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Please note: Purchase of Alcohol is not reimbursed.



FY 2024-25

Expense Reporting
July 1, 2024 - September 30, 2024

Claimant's Name:

Gail Smith

Claimant's Title:

Deputy Mayor

Date of expense report:

7/1/2024-9/30/2024



Date Expenses Incurred	Business Purpose of Expense: must include (if applicable): destination	Professional Development Expense Type	Travel Expense Type	Travel/Prof Dev Cost (\$)	kms driven	Mileage calculated \$ 0.5838	Per Diems			Other Expenses
							Breakfast \$ 24.90	Lunch \$ 25.20	Dinner \$ 61.85	
Qtr 2										
Qtr 2 Total				\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Please note: Purchase of Alcohol is not reimbursed.