



Town of Stewiacke Hospitality Expense Claim

Date expense report posted Apr-Dec
 Fiscal year F24

Title	Name	Date Expenses Incurred	Business Purpose of Expense: must include (if applicable): date of travel & destination	Professional Development Expense Type	Travel Expense Type	Travel/Prof Dev Cost (\$)	kms driven	Mileage calculated @	Meals	Other Expenses
NIL										
						-				
						-				
						-				
						-				
						-				