

**2026-2027**

Claimant's Name: Linda Cloney  
 Claimant's Title: Town Clerk  
 Date of expense report: **April 1, 2026- June 30, 2026**

Date Expenses Incurred	Business Purpose of Expense: must include (if applicable): destination	Travel Expense Type	kms driven	Mileage calculated at 0.5890	Per Diems - all inclusive of all taxes and gratuities			Other Expenses	
					Breakfast \$18.00	Lunch \$21.00	Dinner \$30.00		
07-Apr-26	MAP Meeting (Amherst)		75	\$ 44.18					
21-Apr-26	CAO Meeting (Amherst)		75	\$ 44.18					
03-Jun-26	Legal Meeting (Amherst)		75	\$ 44.18					
									Total
Qtr 1 Totals			225	\$ 132.53	\$ -	\$ -	\$ -	\$ -	\$ 132.53

**Hospitality Expenses**

Date	Description	Total
	Nil	
Qtr 1 Totals		Grand Total 0

*Please note: Purchase of Alcohol is not reimbursed.*

Claimant's Name: Linda Cloney  
 Claimant's Title: Town Clerk  
 Date of expense report: **July 1, 2026 - September 30, 2026**

Date Expenses Incurred	Business Purpose of Expense: must include (if applicable): destination	Travel Expense Type	kms driven	Mileage calculated at 0.5890	Per Diems - all inclusive of all taxes and gratuities			Other Expenses	
					Breakfast \$18.00	Lunch \$21.00	Dinner \$30.00		
				\$ -					Total
Qtr 2 Totals			0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**Hospitality Expenses**

Date	Description	Total
	Nil	
Qtr 2 Totals		Grand Total 0

*Please note: Purchase of Alcohol is not reimbursed.*

**Claimant's Name:** Linda Cloney  
**Claimant's Title:** Town Clerk  
**Date of expense report:** October 1, 2026 - December 31, 2026

Date Expenses Incurred	Business Purpose of Expense: must include (if applicable): destination	Travel Expense Type	kms driven	Mileage calculated at 0.5890	Per Diems - all inclusive of all taxes and gratuities			Other Expenses	
					Breakfast \$18.00	Lunch \$21.00	Dinner \$30.00		
				\$ -					
				\$ -					
Qtr 3 Totals			0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**Hospitality Expenses**

Date	Description	Total
	Nil	
Qtr 3 Totals	Grand Total	0

*Please note: Purchase of Alcohol is not reimbursed.*

**Claimant's Name:** Linda Cloney  
**Claimant's Title:** Town Clerk  
**Date of expense report:** January 1, 2027 - March 31, 2027

Date Expenses Incurred	Business Purpose of Expense: must include (if applicable): destination	Travel Expense Type	kms driven	Mileage calculated at 0.5890	Per Diems - all inclusive of all taxes and gratuities			Other Expenses	
					Breakfast \$18.00	Lunch \$21.00	Dinner \$30.00		
				\$ -					
				\$ -					
Qtr 4 Totals			0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**Hospitality Expenses**

Date	Description	Total
	Nil	

Qtr 4 Totals	Grand Total	0

*Please note: Purchase of Alcohol is not reimbursed.*