

Village of Ryley Council Expense Claim (2025)

NAME: Mayor Steph Dennis		MONTH: February			
Date	Event	ALLOWANCE/BENEFIT	RATE	Number	Calculation
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
	(use last date for multi-date receipts/events)	Drop Down: Pick One	\$ -	1.00	\$ -
				SUB-TOTAL	\$ -
Date	Event	RECEIPTS (Attached)	AMOUNT		Calculation
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	(use last date for multi-date receipts/events)				\$ -
				SUB-TOTAL	\$ -
			EXPENSE TOTAL		\$ -
			PAYROLL TOTAL		\$ -
			GRAND TOTAL		\$ -

Signature: NO EXPENSES CLAIMED

(Print) Mayor Steph Dennis

\_\_\_\_\_  
(DATE)

Approved by: \_\_\_\_\_

(Print)

\_\_\_\_\_  
(DATE)

Validated by: \_\_\_\_\_

(Print)

\_\_\_\_\_  
(DATE)

Village of Ryley Council Expense Claim (2025)

NAME: Cr. Lyndie Knockleby		MONTH: February			
Date	Event	ALLOWANCE/BENEFIT	RATE	Number	Calculation
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
	(use last date for multi-date receipts/events)	Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
				SUB-TOTAL	\$ -
Date	Event	RECEIPTS (Attached)	AMOUNT		Calculation
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	(use last date for multi-date receipts/events)				\$ -
				SUB-TOTAL	\$ -
			EXPENSE TOTAL		\$ -
			PAYROLL TOTAL		\$ -
			GRAND TOTAL		\$ -

**Signature:** NO EXPENSES CLAIMED  
 (Print) Cr. Lyndie Knockleby

\_\_\_\_\_  
 (DATE)

**Approved by:** \_\_\_\_\_  
 (Print)

\_\_\_\_\_  
 (DATE)

**Validated by:** \_\_\_\_\_  
 (Print)

\_\_\_\_\_  
 (DATE)

Village of Ryley Council Expense Claim (2025)

NAME: Cr. Kim Murphy		MONTH: February			
Date	Event	ALLOWANCE/BENEFIT	RATE	Number	Calculation
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
	(use last date for multi-date receipts/events)	Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
			SUB-TOTAL		\$ -
Date	Event	RECEIPTS (Attached)	AMOUNT		Calculation
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	(use last date for multi-date receipts/events)				\$ -
					\$ -
			SUB-TOTAL		\$ -
			EXPENSE TOTAL		\$ -
			PAYROLL TOTAL		\$ -
			GRAND TOTAL		\$ -

**Signature:** NO EXPENSES CLAIMED \_\_\_\_\_ (DATE) \_\_\_\_\_  
 (Print) **Cr. Kim Murphy**

**Approved by:** \_\_\_\_\_ (DATE) \_\_\_\_\_  
 (Print)

**Validated by:** \_\_\_\_\_ (DATE) \_\_\_\_\_  
 (Print)

Village of Ryley Council Expense Claim (2025)

NAME: Cr. Sheldon Reid		MONTH: February			
Date	Event	ALLOWANCE/BENEFIT	RATE	Number	Calculation
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
		Drop Down: Pick One	\$ -	1.00	\$ -
	(use last date for multi-date receipts/events)	Drop Down: Pick One	\$ -	1.00	\$ -
				SUB-TOTAL	\$ -
Date	Event	RECEIPTS (Attached)	AMOUNT		Calculation
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	(use last date for multi-date receipts/events)				\$ -
				SUB-TOTAL	\$ -
				EXPENSE TOTAL	\$ -
				PAYROLL TOTAL	\$ -
				GRAND TOTAL	\$ -

Signature: NO EXPENSES CLAIMED  
 (Print) Cr. Sheldon Reid

\_\_\_\_\_  
 (DATE)

Approved by: \_\_\_\_\_  
 (Print)

\_\_\_\_\_  
 (DATE)

Validated by: \_\_\_\_\_  
 (Print)

\_\_\_\_\_  
 (DATE)