

Council Expense Claim Report

Name:

Bill MacFarlane (BIL210)

Month/Year:

April-23

OFFICE USE ONLY

Paid by Municipality

District:	10
	\neg

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
	nothing to claim		\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	TOTAL	0	\$ -	\$ -	\$ -	\$ 22.50	\$ 22.50	\$

TYPES OF EXPENSE	
Expe	nse Codes
TRV - Travel -Mileage, Park	ring, Hotel, Taxi
ML - Meal Expenses	
PD - Professional Developr	nent (training/conference)
OTH - Other - le-Phone, Int	
Mileage Rate - \$0.5770/KM	N

I certify that the amounts claimed in this request are accurate, in accordance with the municipal policy, and were incurred while conducting municipal business.

District 10

Signature:

Date:

Approved by:

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202131	\$
ML- GL# - 10-210-2110-202131	\$
PD - GL# - 10-210-2110-202131	\$ -
OTH - GL# - 10-210-2110-202131	\$ 22.50
TOTAL	\$ 22.50

Per Diem Rates				
Meal	Rate per Da			
Incidental	\$	10.00		
Breakfast	\$	15.00		
Lunch	\$	20.00		
Dinner	\$	36.00		
Total per day	14	91.00		