## MUNICIPALITY OF THE COUNTY OF

## **Council Expense Claim Report**

Name: Shawn Brophy (SHA030) Month/Year

June-23

OFFICE USE ONLY Paid by

District:

PROFESSIONAL TRAVEL(\$) DEVELOPMENT (\$) OTHER (\$) Km **AMOUNT** Travelled TRV MEAL (\$) ML отн Date **Details of Expense** Amount (\$) 4.50 7.8 4.50 05-Jun-23 Joint Council Town Hall \$ \$ 13-Jun-23 COW/Council 14.4 8.31 8.31 Building & Grounds RK 20-Jun-23 7.8 4.50 \$ 4.50 Tri Council - Heatherton \$ \$ 26-Jun-23 44.8 25.85 25.85 27-Jun-23 CoW/ Asset Management 14.4 8.31 8.31 \$ \$ 29-Jun-23 AGM Rk 7.8 4.50 4.50 \$ \$ \$ \$ \$ \$ \$ \$ 22.50 Internet 22.50 Cell Phone Stipend 40.00 40.00 TOTAL 55.97 62.50 118.47

TYPES OF EXPENSE	
Expense Codes	1929
TRV - Travel -Mileage, Parking, Hotel, Taxi	
ML - Meal Expenses	
PD - Professional Development (training/confere	nce)
OTH - Other - Ie-Phone, Internet, Incidentals	
Mileage Rate - \$0.5770/KM	

Per Diem Rates Meal Rate per Day Incidental 10.00 15.00 Breakfast 20.00 Lunch 36.00 Dinner Total per day 81.00

I certify that the amounts claimed in this request are accurate, in accordance

District 4

Signature:

Approved by:

(Municipal CAO/Deputy Clerk/Director)

Date:

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 55.97
ML- GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 118.47