## MUNICIPALITY OF THE COUNTY OF

## **Council Expense Claim Report**

Name:

John Dunbar (JOH030)

Month/Year:

January-24

OFFICE USE ONLY

District:	7				■ Salah Strawerine Salah STS					Paid by Municipality	
Date	Details of Expense	Km Travelled	TR	AVEL(\$) TRV	MEAL (\$) ML	DEVELOPMENT (\$) PD	OTHER (\$) OTH	An	nount (\$)	AMOUNT	
8-Jan-24	Heritage Museum Board meeting	18	\$	10.39				\$	10.39		
8-Jan-24	Planning Advisory Committee me	16	\$	9.23				\$	9.23		
9-Jan-24	CoW/Council meeting	16	\$	9.23				\$	9.23		
23-Jan-24	Asset Mgmt/CoW meeting	16	\$	9.23				\$	9.23		
			\$	-				\$			
			\$	-				\$			
			\$	-				\$			
			\$	-				\$	-8		
			\$					\$	-		
			\$	-				\$	-		
	Internet						\$ 22.50	\$	22.50		
	Cell Phone Stipend						\$ 40.00	\$	40.00		
	TOTAL	66	\$	38.08	\$ -	\$ -	\$ 62.50	\$	100.58	\$ -	

TYPES OF EXPENSE	
	Expense Codes
TRV - Travel - Mileage	, Parking, Hotel, Taxi
ML - Meal Expenses	
PD - Professional Deve	elopment (training/conference)
	e, Internet, Incidentals
Mileage Rate - \$0.577	0/KM

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 7

Signature:

Date:

March 8/24

**Per Diem Rates** 

\$

\$

\$

Rate per Day

10.00

15.00

20.00

36.00

81.00

Meal

Incidental

Breakfast Lunch

Total per day

Dinner

Approved by:

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202128	\$ 38.08
ML- GL# - 10-210-2110-202128	\$ -
PD - GL# - 10-210-2110-202128	\$ -
OTH - GL# - 10-210-2110-202128	\$ 62.50
TOTAL	\$ 100.58