

## **Council Expense Claim Report**

Name:

Neil Corbett (NEI020)

Month/Year:

June 2020

Meal

Incidental

Breakfast

Total per day

Lunch

Dinner

Per Diem Rates

\$

\$

Rate per Day

10.00

15.00

20.00

36.00

81.00

OFFICE USE ONLY Paid by Municipality

District: 9

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) M	DEVELOPMENT (\$) L PD	OTHER (\$) OTH	Amount (\$)
	COVID-19 Distancing		\$ -				\$ -
			\$ -				\$ -
	Internet					\$ 22.50	\$ 22.50
	Cell Phone Stipend					\$ 40.00	\$ 40.00
TOTAL		0	\$ -	\$ -	\$ -	\$ 62.50	\$ 62.50

_	Paid by Municipality
)	AMOUNT
+	
	\$ -

	Expense Codes
TRV - Tra	vel -Mileage, Parking, Hotel, Taxi
	l Expenses
PD - Profe	essional Development (training/conference)
OTH - Oth	essional Development (training/conference) ner - ie: Phone, Internet, Incidentals
	Rate - \$0.4670/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 9

Signature:

Date:

Approved by:

(Municipal Clerk/Deputy Clerk/Director)

Office Use Only						
TRV - GL# - 10-210-2110-202130	\$	-				
ML- GL# - 10-210-2110-202130	\$	-				
PD - GL# - 10-210-2110-202130	\$	-				
OTH - GL# - 10-210-2110-202130	\$	62.50				
TOTAL	\$	62.50				