

Council Expense Claim Report

OFFICE USE ONLY Name: Mary MacLellan (MAR120) Month/Year May-21 Paid by District: 1 Municipality

Date	Details of Expense	Km Travelled	TRAVEL (\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$)	Amount (\$)	AMOUNT
11-May-21	Council by Zoom		\$ -				\$ -	
18-May-21	CoW by Zoom		\$ -				\$ -	
25-May-21	CoW/ Asset Management by Zoom		\$ -				\$ -	
27-May-21	RK MacDonald by Zoom		\$ -				\$ -	
		IX OL	\$ -				\$ -	
		1 1 1 1 1	\$ -				\$ -	
			\$ -				\$ -	
		* 4	\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
	TOTAL	. 0	\$ -	\$ -	\$ -	\$ 62.50	\$ 62.50	\$ -

TYPES OF EXPE	NSE
	Expense Codes
TRV - Travel -Mi	leage, Parking, Hotel, Taxi
ML - Meal Exper	nses
PD - Professiona	al Development (training/conference)
OTH - Other - ie	al Development (training/conference) : Phone, Internet, Incidentals
Mileage Rate - \$	

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

Meal	Rate per Day			
Incidental	\$	10.00		
Breakfast	\$	15.00		
Lunch	\$	20.00		
Dinner	\$	36.00		
Total per day	\$	81.00		

Per Diem Rates

District 1

Signature:

Approved

by:

Date:

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$
ML- GL# - 10-210-2110-202111	\$
PD - GL# - 10-210-2110-202111	\$
OTH - GL# - 10-210-2110-202111	\$
TOTAL	\$

(Municipal CAO/Deputy Clerk/Director)