## MUNICIPALITY OF THE COUNTY OF

## **Council Expense Report**

Name:

Glenn Horne (GLE010)

Month/Year

April-21

CAO

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$)	Amount (\$)
	None		\$ -				\$ -
			\$ -				\$ -
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			\$ .				\$ -
			\$ .				\$ -
	TOTAL	. 0	\$ -	\$ -	\$ -	\$ -	\$ -

TYPES OF EXPENSE:	
Expense Codes	
TRV- Travel -Mileage, Parking, Hotel, Taxi	
ML - Meal Expenses	
PD - Professional Development (training/conference)	
OTH - Other - Ie-Phone, Internet, Incidentals	
Mileage 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.

Signature:		Dat

March 30/21

\$

\$

Per Diem Rates

Rate per Day

10.00 15.00

20.00

36.00

81.00

Meal

Incidental

Breakfast

Lunch

Dinner

Total per day

Approved by:

Office Use Only	
TRV - GL# - 10-210-2123-201116	\$ -
ML- GL# - 10-210-2123-201116	\$ •
PD - GL# - 10-210-2123-201116	\$ -
OTH - GL# - 10-210-2123-201116	\$ -
TOTAL	\$