

Council Expense Claim Report

Name: Shawn Brophy (SHA030)

District:

Month/Year

July-21

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
13-Jul-21	COW/Council	14.4	\$ 6.65				\$ 6.65	
29-Jul-21	AGM RK MacDonald	7.8	\$ 3.60				\$ 3.60	
			\$ -				\$ -	
		.91	\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			10 10			\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
	TOTAL	22.2	\$ 10.25	\$ -	\$ -	\$ 62.50	\$ 72.75	\$ -

TYPES OF EXPENSE	
Expense Codes	
TRV - Travel -Mileage, Parking, Hotel, Taxi	
ML - Meal Expenses	
PD - Professional Development (training/conference	e)
OTH - Other - Ie-Phone, Internet, Incidentals	
Mileage Rate - \$0.4615/KM	

 Per Diem Rates

 Meal
 Rate per Day

 Incidental
 \$ 10.00

 Breakfast
 \$ 15.00

 Lunch
 \$ 20.00

 Dinner
 \$ 36.00

 Total per day
 \$ 81.00

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 4

Signature:

Approved by:

()

Date:

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 10.25
ML- GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 72.75

Aug 20/21