

## **Council Expense Claim Report**

Name: Shawn Brophy (SHA030) Month/Year January-22 OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
25-Jan-22	Asset Management/CoW	14.4	\$ 6.65				\$ 6.65	
			\$ -				\$ -	
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			\$ -				\$ ~	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
	TOTAL	14.4	\$ 6.65	\$ -	\$ -	\$ 62.50	\$ 69.15	\$ -

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 - \$0.4615/KM

Per Diem Rates					
Meal	Rate per Day				
Incidental	\$	10.00			
Breakfast	\$	15.00			
Lunch	\$	20.00			
Dinner	\$	36.00			
Total per day	Ś	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:

Date:

Approved by:

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 6.65
ML- GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 69.15