

Council Expense Claim Form

NAME: Barry Turner

FOR THE MONTH: Jan. 16 - Feb. 15

DATE: February 15, 2018

Expenditure Details

Function/Event: <u>CAO Interviews 1</u>		Registration Expense: \$	-
Date(s) of Event: <u>16-Jan</u>		Lodging Expense: \$	-
Duration of Event: <u>8 hours</u>		Total Meal Expense: \$	-
Location of Event: _____		Mileage (\$) Expense: \$	-
Mileage Traveled (km): _____		Incidental Expense: _____	
Other: _____			
Per Diem: <u>200</u>			

GL: _____ Expense: \$ -

Function/Event: <u>Tour of Pembina Pipeline Control Centre</u>		Registration Expense: \$	-
Date(s) of Event: <u>18-Jan</u>		Lodging Expense: _____	
Duration of Event: <u>3 hours</u>		Total Meal Expense: \$	-
Location of Event: <u>Sherwood Park</u>		Mileage (\$) Expense: \$	33.33
Mileage Traveled (km): <u>66</u>		Incidental Expense: \$	
Other: _____			
Per Diem: <u>100</u>			

GL: 01-720-11-272069 Expense: \$ 33.33

Function/Event: <u>CAO Interviews 2</u>		Registration Expense: _____	
Date(s) of Event: <u>Jan. 23</u>		Lodging Expense: _____	
Duration of Event: <u>2.5 Hours</u>		Total Meal Expense: _____	
Location of Event: _____		Mileage (\$) Expense: \$	-
Mileage Traveled (km): _____		Incidental Expense: _____	
Other: _____			
Per Diem: <u>100</u>			

GL: _____ Expense: \$ -

Function/Event: <u>Cell phone bills January & February</u>		Registration Expense: _____	
Date(s) of Event: _____		Lodging Expense: _____	
Duration of Event: _____		Total Meal Expense: \$	-
Location of Event: _____		Mileage (\$) Expense: \$	-
Mileage Traveled (km): _____		Incidental Expense: \$	148.38
Other: _____			
Per Diem: _____			

GL: 01-820-11-272067 Expense: \$ 148.38

Meal Allowance (maximum \$41.55 daily):		
Breakfast \$9.20	Lunch \$11.60	Dinner \$20.75
Mileage:	per Kilometre	\$0.505
Per Diem:	0-2 Hours	\$50.000
	2-4 Hours	\$100.000
	4-8 Hours	\$200.000
	8+ Hours	\$300.000
	Conference Rate	\$200.000

Total Expenses: \$	181.71 ✓
Total Per Diem:	400.00 ✓

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: _____

Reviewed: JR

Deputy Mayor Approval: _____

Cheque #: _____

Payroll: \$400

A/P: \$181.71

December 16, 2017
 BARRY TURNER
 Account number:

Mobile services (continued)

BARRY A. TURNER
Charges for 780

Service continues on a month-to-month basis after your commitment end date of Dec 26, 2018.

Monthly and other charges (Dec 17 to Jan 16)

SharePlus 55 - Nationwide Tax	\$55.00	
Call Display		
Call Waiting		
Conference Calling		
Voice Mail 3		
Family Calling LD		
No charge LD: CAN to CAN		
SMS Unlimited		
AB 911 Government Fee	\$0.44	
Total monthly and other charges	\$55.44	✓

Add-ons (Dec 17 to Jan 16)

L&R 10GB Shareable Data	\$75.00	
Total add-ons	\$75.00	$\times 25\% = 18.75$

Usage charges

Free airtime refers to non-chargeable minutes that are not part of your included minutes, and may include bonus minutes, evening and weekend calling, 811 calls, etc.

74.19

Long Distance - Domestic Phone	\$0.00
Free 12:00 (MIN)	
Total used 12:00 (MIN)	
Picture Messaging - Video Receive	\$0.00
Total used 1 (video)	
Text Msg - Sent	\$0.00
Total used 275 (Msg)	
Data Usage - Mobile High Speed	\$0.00
Total used 216.219 (MB)	
Picture Messaging - Picture Receive	\$0.00
Total used 17 (Pic)	
Text Msg - Received	\$0.00
Total used 244 (Msg)	
Data Usage	\$0.00
Total used 1,341.979 (MB)	
Picture Messaging - Sound Receive	\$0.00
Total used 1 (Sound)	
Picture Messaging - Pictures	\$0.00
Total used 2 (Pic)	
Local Airtime - Phone (minutes)	\$0.00
Included 148:00 (MIN)	
Free 2:00 (MIN)	
Total used 150:00 (MIN)	
Total usage charges	\$0.00

Total before taxes	\$130.44
GST	\$6.52
Total for 780	\$136.96

January 16, 2018
 BARRY TURNER
 Account number:

Mobile services (continued)

BARRY A. TURNER
Charges for 780

Service continues on a month-to-month basis after your commitment end date of Dec 26, 2018.

Monthly and other charges (Jan 17 to Feb 16)

SharePlus 55 - Nationwide Talk	\$55.00	
Call Display		
Call Waiting		
Conference Calling		
Voice Mail 3		
Family Calling LD		
No charge LD: CAN to CAN		
SMS Unlimited		
AB 911 Government Fee	\$0.44	
Total monthly and other charges		\$55.44

Add-ons (Jan 17 to Feb 16)

L&R 10GB Shareable Data	\$75.00	
Total add-ons	\$75.00	$\times 25\% = 18.75$

74.19

Usage charges

Free airtime refers to non-chargeable minutes that are not part of your included minutes, and may include bonus minutes, evening and weekend calling, *611 calls. etc.

Picture Messaging - Pictures	\$0.00	
Total used 5 (Pic)		
Picture Messaging - Video Receive	\$0.00	
Total used 1 (video)		
Text Msg - Sent	\$0.00	
Total used 243 (Msg)		
CAN to US Text Msg - Sent	\$0.40	
Total used 1 (Msg)		
Picture Messaging - Picture Receive	\$0.00	
Total used 27 (Pic)		
Text Msg - Received	\$0.00	
Total used 308 (Msg)		
Data Usage	\$0.00	
Total used 1,279.647 (MB)		
Local Airtime - Phone (minutes)	\$0.00	
Included 141:00 (MIN)		
Free 8:00 (MIN)		
Total used 149:00 (MIN)		
Total usage charges		\$0.40

Total before taxes		\$130.84
GST	\$6.54	
Total for 780	n taxes	\$137.38

Council Expense Claim Form

Name: Rebecca Balanko

For the Month: Feb-18

Date: Feb. 15, 2018

Expenditure Details

Function/Event: Round 1 CAO Interviews
 Date(s) of Event: 16-Jan
 Duration of Event: _____
 Location of Event: _____
 Mileage Traveled (km): _____
 Other: _____
 Per Diem: 200

Registration Expense: \$ _____
 Lodging Expense: \$ _____
 Total Meal Expense: \$ _____
 Mileage (\$) Expense: \$ _____
 Incidental Expense: _____

GL: _____ Expense: \$ **-**

Function/Event: EMRB orientation
 Date(s) of Event: 19-Jan-18
 Duration of Event: _____
 Location of Event: _____
 Mileage Traveled (km): _____
 Other: _____
 Per Diem: 200

Registration Expense: \$ _____
 Lodging Expense: _____
 Total Meal Expense: \$ _____
 Mileage (\$) Expense: \$ _____
 Incidental Expense: \$ _____

GL: _____ Expense: \$ **-**

Function/Event: CAO Round 2 Interviews
 Date(s) of Event: 23-Jan-18
 Duration of Event: 3 hours
 Location of Event: _____
 Mileage Traveled (km): _____
 Other: _____
 Per Diem: 100

Registration Expense: _____
 Lodging Expense: _____
 Total Meal Expense: _____
 Mileage (\$) Expense: \$ _____
 Incidental Expense: _____

GL: _____ Expense: \$ **-**

Function/Event: Library Board
 Date(s) of Event: Feb. 14, 2018
 Duration of Event: _____
 Location of Event: _____
 Mileage Traveled (km): _____
 Other: _____
 Per Diem: 40

Registration Expense: _____
 Lodging Expense: _____
 Total Meal Expense: \$ _____
 Mileage (\$) Expense: \$ _____
 Incidental Expense: _____

GL: _____ Expense: \$ **-**

Meal Allowance maximum \$41.55 daily):		
Breakfast \$9.20	Lunch \$11.60	Dinner \$20.75
Mileage:	per Kilometre	\$0.505
Per Diem:	0-2 Hours	\$50.00
	2-4 Hours	\$100.00
	4-8 Hours	\$200.00
	8+ Hours	\$300.00
	Conference Rate	\$200.00

Total Expenses: \$ -
Total Per Diem: 540.00 ✓

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: *Rebecca Balanko*

Reviewed: *JB*

Mayor Approval: *[Signature]*

Cheque #: _____

Payroll: \$ 840

A/P: \$47.47

Council Expense Claim Form

Name: Nicole Boutestain

For the Month: Jan - Feb

Date: February 15, 2018

Expenditure Details

Function/Event: <u>CAO interview process</u>		Registration Expense: \$ <u> -</u>
Date(s) of Event: <u>23-Jan</u>		Lodging Expense: \$ <u> -</u>
Duration of Event: <u>3</u>		Total Meal Expense: \$ <u> -</u>
Location of Event: <u>council chamber</u>		Mileage (\$) Expense: \$ <u> -</u>
Mileage Traveled (km): <u> </u>		Incidental Expense: <u> </u>
Other: <u> </u>		
Per Diem: <u>100</u>		

GL: Expense: \$ -

Function/Event: <u>EMRB</u>		Registration Expense: \$ <u> -</u>
Date(s) of Event: <u>8-Feb</u>		Lodging Expense: <u> </u>
Duration of Event: <u>4.5</u>		Total Meal Expense: \$ <u> -</u>
Location of Event: <u>chateau louis</u>		Mileage (\$) Expense: \$ <u>40.40</u>
Mileage Traveled (km): <u>80</u>		Incidental Expense: \$ <u> </u>
Other: <u> </u>		
Per Diem: <u>200</u>		

GL: 01-720-11-272071 Expense: \$ 40.40

Function/Event: <u>Emerging Trends in Municipal Law</u>		Registration Expense: <u> </u>
Date(s) of Event: <u>15-Feb</u>		Lodging Expense: <u> </u>
Duration of Event: <u>8.5</u>		Total Meal Expense: <u> </u>
Location of Event: <u>Edmonton Expo Centre</u>		Mileage (\$) Expense: \$ <u>42.42</u>
Mileage Traveled (km): <u>84</u>		Incidental Expense: <u> </u>
Other: <u> </u>		
Per Diem: <u>300</u>		

GL: 01-720-11-272071 Expense: \$ 42.42

Function/Event: <u> </u>		Registration Expense: <u> </u>
Date(s) of Event: <u> </u>		Lodging Expense: <u> </u>
Duration of Event: <u> </u>		Total Meal Expense: \$ <u> -</u>
Location of Event: <u> </u>		Mileage (\$) Expense: \$ <u> -</u>
Mileage Traveled (km): <u> </u>		Incidental Expense: <u> </u>
Other: <u> </u>		
Per Diem: <u> </u>		

GL: Expense: \$ -

Meal Allowance maximum \$41.55 daily):		
Breakfast \$9.20	Lunch \$11.60	Dinner \$20.75
Mileage:	per Kilometre	\$0.505
Per Diem:	0-2 Hours	\$50.00
	2-4 Hours	\$100.00
	4-8 Hours	\$200.00
	8+ Hours	\$300.00
	Conference Rate	\$200.00

Total Expenses: \$	82.82 ✓
Total Per Diem:	600.00 ✓

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature:

Reviewed:

Mayor Approval:

Cheque #:

Payroll: \$600

A/P: \$82.82

Council Activity Report

Name: Nicole Boutestein

Month:

Date	Function / Event	Comments	Duration
25-Jan	Community Service Events workshop		1.5
23-Jan	Inter-municipal Affairs Committee (IAC) Meeting		2
26-Jan	Budget Info meeting	Plus prep time	8
30-Jan	Budget 2018 Administrative		4
30-Jan	Budget 2018 Public Open House		3
13-Feb	Governance, Finance and Audit (GFA) Committee		0.5
13-Feb	Council Meeting	plus prep time for council meeting	9
23-Jan	Council Meeting	plus prep time	7
Total			35

Council Expense Claim Form

Name: Stephen Dafoe

For the Month: February

Date: February 16, 2018

Expenditure Details

Function/Event: CAO Interviews
 Date(s) of Event: 16-Jan
 Duration of Event: 7
 Location of Event: Morinville
 Mileage Traveled (km): _____
 Other: _____
 Per Diem: 200

Registration Expense: \$ _____
 Lodging Expense: \$ _____
 Total Meal Expense: \$ _____
 Mileage (\$) Expense: \$ _____
 Incidental Expense: _____

GL: _____

Expense: \$ _____

Function/Event: EMRB Orientation
 Date(s) of Event: 19-Jan
 Duration of Event: 6
 Location of Event: Sherwood Park
 Mileage Traveled (km): _____
 Other: _____
 Per Diem: 200

Registration Expense: \$ _____
 Lodging Expense: _____
 Total Meal Expense: \$ _____
 Mileage (\$) Expense: \$ _____
 Incidental Expense: \$ _____

GL: _____

Expense: \$ _____

Function/Event: CAO Interviews Part II
 Date(s) of Event: Jan. 23
 Duration of Event: 3
 Location of Event: Morinville
 Mileage Traveled (km): _____
 Other: _____
 Per Diem: 100

Registration Expense: _____
 Lodging Expense: _____
 Total Meal Expense: _____
 Mileage (\$) Expense: \$ _____
 Incidental Expense: _____

GL: _____

Expense: \$ _____

Function/Event: EMRB Meeting
 Date(s) of Event: 8-Feb
 Duration of Event: 4.5
 Location of Event: Edmonton
 Mileage Traveled (km): _____
 Other: _____
 Per Diem: 200

Registration Expense: _____
 Lodging Expense: _____
 Total Meal Expense: \$ _____
 Mileage (\$) Expense: \$ _____
 Incidental Expense: _____

GL: _____

Expense: \$ _____

Meal Allowance maximum \$41.55 daily):		
Breakfast \$9.20	Lunch \$11.60	Dinner \$20.75
Mileage:	per Kilometre	\$0.505
Per Diem:	0-2 Hours	\$50.00
	2-4 Hours	\$100.00
	4-8 Hours	\$200.00
	8+ Hours	\$300.00
	Conference Rate	\$200.00

Total Expenses: \$ _____
Total Per Diem: 700.00 ✓

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #: _____

Payroll: \$ 1000

A/P: Ø

Council Expense Claim Form

NAME: Stephen Dafoe

FOR THE MONTH: February 1, 2018 **DATE:** _____

Expenditure Details

Function/Event: <u>Emerging Trends in Municipal Law</u>	Registration Expense: \$ _____
Date(s) of Event: <u>Feb. 15</u>	Lodging Expense: \$ _____
Duration of Event: <u>8.5</u>	Total Meal Expense: \$ _____
Location of Event: <u>Edmonton</u>	Mileage (\$) Expense: \$ _____
Mileage Traveled (km): _____	Incidental Expense: _____
Other: _____	
Per Diem: <u>300</u>	

GL: _____ **Expense:** \$ _____

Function/Event: _____	Registration Expense: \$ _____
Date(s) of Event: _____	Lodging Expense: _____
Duration of Event: _____	Total Meal Expense: \$ _____
Location of Event: _____	Mileage (\$) Expense: \$ _____
Mileage Traveled (km): _____	Incidental Expense: \$ _____
Other: _____	
Per Diem: _____	

GL: _____ **Expense:** \$ _____

Function/Event: _____	Registration Expense: _____
Date(s) of Event: _____	Lodging Expense: _____
Duration of Event: _____	Total Meal Expense: _____
Location of Event: _____	Mileage (\$) Expense: \$ _____
Mileage Traveled (km): _____	Incidental Expense: _____
Other: _____	
Per Diem: _____	

GL: _____ **Expense:** \$ _____

Function/Event: _____	Registration Expense: _____
Date(s) of Event: _____	Lodging Expense: _____
Duration of Event: _____	Total Meal Expense: \$ _____
Location of Event: _____	Mileage (\$) Expense: \$ _____
Mileage Traveled (km): _____	Incidental Expense: _____
Other: _____	
Per Diem: _____	

GL: _____ **Expense:** \$ _____

Meal Allowance (maximum \$41.55 daily):	Total Expenses: \$ _____
<i>Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75</i>	Total Per Diem: 300.00 ✓

Mileage:	per Kilometre	\$0.505
Per Diem:	0-2 Hours	\$50.000
	2-4 Hours	\$100.000
	4-8 Hours	\$200.000
	8+ Hours	\$300.000
	Conference Rate	\$200.000

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: 

Reviewed: _____

Mayor Approval: 

Cheque #: _____

Council Activity Report

Name: Stephen Dafoe

Month:

Date	Function / Event	Comments	Duration
16-Jan	committee of the whole		2
23-Jan	IAC meeting		2
23-Jan	Council		4
25-Jan	Community Workshop meeting		2
jan 26-27	Social media chats	engages residents on budget 2018 and snow removal	2
28-Jan	meet with residents	4 pages budget concerns	2
30-Jan	budget session		4
30-Jan	budget open house		3
feb3-4	online budget	engaged with residents on budgets	3
8-Feb	roseridge	regular roseridge meeting	2
13-Feb	council		8
14-Feb	jayson wood	met to hear his proposal on LAVIII	1
Total:			35

Council Expense Claim Form

Name: Lawrence Giffin

For the Month: January 15 - Feb. 14, 2018

Date: Feb. 15, 2018

Expenditure Details

Function/Event: CAO Interviews

Date(s) of Event: Jan. 16
 Duration of Event: 8
 Location of Event: _____
 Mileage Traveled (km): _____
 Other: _____
 Per Diem: 200

Registration Expense: \$ _____
 Lodging Expense: \$ _____
 Total Meal Expense: \$ _____
 Mileage (\$) Expense: \$ _____
 Incidental Expense: _____

GL: _____ Expense: \$ _____

Function/Event: Morinville Chamber of Commerce board meeting

Date(s) of Event: Jan. 17
 Duration of Event: 1.5
 Location of Event: _____
 Mileage Traveled (km): _____
 Other: _____
 Per Diem: 50

Registration Expense: \$ _____
 Lodging Expense: _____
 Total Meal Expense: \$ _____
 Mileage (\$) Expense: \$ _____
 Incidental Expense: \$ _____

GL: _____ Expense: \$ _____

Function/Event: Waste Minimization meeting

Date(s) of Event: Jan. 18
 Duration of Event: 3 hours
 Location of Event: _____
 Mileage Traveled (km): 81
 Other: _____
 Per Diem: 100

Registration Expense: _____
 Lodging Expense: _____
 Total Meal Expense: _____
 Mileage (\$) Expense: \$ 40.91
 Incidental Expense: _____

GL: 01-720-11-272073 Expense: \$ 40.91

Function/Event: EMRB Orientation

Date(s) of Event: Jan. 19
 Duration of Event: _____
 Location of Event: Sherwood Park
 Mileage Traveled (km): _____
 Other: _____
 Per Diem: 200

Registration Expense: _____
 Lodging Expense: _____
 Total Meal Expense: \$ _____
 Mileage (\$) Expense: \$ _____
 Incidental Expense: _____

GL: _____ Expense: \$ _____

Meal Allowance maximum \$41.55 daily):		
Breakfast \$9.20	Lunch \$11.60	Dinner \$20.75
Mileage:	per Kilometre	\$0.505
Per Diem:	0-2 Hours	\$50.00
	2-4 Hours	\$100.00
	4-8 Hours	\$200.00
	8+ Hours	\$300.00
	Conference Rate	\$200.00

Total Expenses: \$ 40.91 ✓
Total Per Diem: 550.00 ✓

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #: _____

Payroll: \$1200

A/P: \$40.91

Council Expense Claim Form

NAME: Lawrence Giffin

FOR THE MONTH: _____ **DATE:** _____

Expenditure Details

Function/Event: <u>Traffic Safety meeting</u>		Registration Expense: \$ _____
Date(s) of Event: <u>Jan. 23</u>		Lodging Expense: \$ _____
Duration of Event: <u>1 hr</u>		Total Meal Expense: \$ _____
Location of Event: _____		Mileage (\$) Expense: \$ _____
Mileage Traveled (km): _____		Incidental Expense: _____
Other: _____		
Per Diem: <u>50</u>		

GL: _____ **Expense:** \$ _____

Function/Event: <u>CAO Interviews</u>		Registration Expense: \$ _____
Date(s) of Event: <u>Jan. 23</u>		Lodging Expense: _____
Duration of Event: <u>3</u>		Total Meal Expense: \$ _____
Location of Event: _____		Mileage (\$) Expense: \$ _____
Mileage Traveled (km): _____		Incidental Expense: \$ _____
Other: _____		
Per Diem: <u>100</u>		

GL: _____ **Expense:** \$ _____

Function/Event: <u>Watershed meeting</u>		Registration Expense: _____
Date(s) of Event: <u>Feb. 1</u>		Lodging Expense: _____
Duration of Event: <u>8</u>		Total Meal Expense: _____
Location of Event: _____		Mileage (\$) Expense: \$ _____
Mileage Traveled (km): _____		Incidental Expense: _____
Other: _____		
Per Diem: <u>200</u>		

GL: _____ **Expense:** \$ _____

Function/Event: <u>Emerging Trends in Municipal Law</u>		Registration Expense: _____
Date(s) of Event: <u>Feb. 15</u>		Lodging Expense: _____
Duration of Event: <u>8.5 hours</u>		Total Meal Expense: \$ _____
Location of Event: <u>Edmonton</u>		Mileage (\$) Expense: \$ _____
Mileage Traveled (km): _____		Incidental Expense: _____
Other: _____		
Per Diem: <u>300</u>		

GL: _____ **Expense:** \$ _____

Meal Allowance (maximum \$41.55 daily):		Total Expenses: \$ _____
<i>Breakfast \$9.20</i>	<i>Lunch \$11.60</i>	<i>Dinner \$20.75</i>
Mileage:	per kilometre	\$0.505
Per Diem:	0-2 Hours	\$50.000
	2-4 Hours	\$100.000
	4-8 Hours	\$200.000
	8+ Hours	\$300.000
	Conference Rate	\$200.000
		Total Per Diem: 650.00 ✓

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: _____

Reviewed: _____

Mayor Approval: _____

Cheque #: _____

Council Expense Claim Form

Name: Scott Richardson

For the Month: Jan -feb

Date: Feb 12 2018

Expenditure Details

Function/Event: CAO interviews 1st round
 Date(s) of Event: 16-Jan
 Duration of Event: 6hr
 Location of Event: Morinville town hall
 Mileage Traveled (km): _____
 Other: _____
 Per Diem: 200

Registration Expense: \$ _____
 Lodging Expense: \$ _____
 Total Meal Expense: \$ _____
 Mileage (\$) Expense: \$ _____
 Incidental Expense: _____

GL: _____ Expense: \$ _____

Function/Event: EMRB Orientation
 Date(s) of Event: 19-Jan
 Duration of Event: 7hr
 Location of Event: Festival Place Sherwood Park
 Mileage Traveled (km): _____
 Other: _____
 Per Diem: 200

Registration Expense: \$ _____
 Lodging Expense: _____
 Total Meal Expense: \$ _____
 Mileage (\$) Expense: \$ _____
 Incidental Expense: \$ _____

GL: _____ Expense: \$ _____

Function/Event: CAO interviews 2nd round
 Date(s) of Event: 23-Jan
 Duration of Event: 3hr
 Location of Event: Morinville Town Hall
 Mileage Traveled (km): _____
 Other: _____
 Per Diem: 100

Registration Expense: _____
 Lodging Expense: _____
 Total Meal Expense: _____
 Mileage (\$) Expense: \$ _____
 Incidental Expense: _____

GL: _____ Expense: \$ _____

Function/Event: _____
 Date(s) of Event: _____
 Duration of Event: _____
 Location of Event: _____
 Mileage Traveled (km): _____
 Other: _____
 Per Diem: _____

Registration Expense: _____
 Lodging Expense: _____
 Total Meal Expense: \$ _____
 Mileage (\$) Expense: \$ _____
 Incidental Expense: _____

GL: _____ Expense: \$ _____

Meal Allowance <i>maximum \$41.55 daily</i>):		
Breakfast \$9.20	Lunch \$11.60	Dinner \$20.75
Mileage:	per Kilometre	\$0.505
Per Diem:	0-2 Hours	\$50.00
	2-4 Hours	\$100.00
	4-8 Hours	\$200.00
	8+ Hours	\$300.00
	Conference Rate	\$200.00

Total Expenses: \$ _____
Total Per Diem: 500.00

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #: _____

Payroll: \$500

A/P: ϕ