

COUNCIL AND CHIEF ADMINISTRATIVE OFFICER EXPENSE CLAIM

Claimant's Name: Shane Weir
 Title : Councillor
 Date : Mar-25

Date Expenses Incurred	Business Purpose of Expense (must include (if applicable) date of travel & destination)	EXPENSE TYPE i.e. Meals, Hotel, Mileage, Conference Registration, Training Course Fee, Parking, Other - Specify	KMS Driven	Milage \$0.5838/k m (\$)	Meals			Hotel (\$)	Other Exp (\$)	TOTAL EXP (\$)	Portion of Total Expense Paid by Town of Digby	
					Breakfast (no recpt \$20) (\$)	Lunch (no recpt \$20) (\$)	Dinner (no recpt \$45) (\$)				Town Credit Card	Town Direct Billed Invoice
				\$ -					\$ -	-	-	
				\$ -					\$ -	-	-	
				\$ -					\$ -	-	-	
				\$ -					\$ -	-	-	
				\$ -					\$ -	-	-	
				\$ -					\$ -	-	-	
				\$ -					\$ -	-	-	
				\$ -					\$ -	-	-	
				\$ -					\$ -	-	-	
				\$ -					\$ -	-	-	
				\$ -					\$ -	-	-	
				\$ -					\$ -	-	-	
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -										\$ -	\$ -	

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

Print Name and Position _____ Signed _____

**APPROVED by:

Print Name and Position _____ Signed _____

Print Name and Position _____ Signed _____

Total Claim: \$ -
 Less amount paid directly by The Town of Digby: \$ -
Balance due (owed) to claimant \$ -

**Alcohol cannot be expenses by an individual to the Town of Digby