

# COUNCIL AND CHIEF ADMINISTRATIVE OFFICER EXPENSE REPORTING FORM

Claimant's Name Ben Cleveland  
 Title Mayor  
 Date Oct-19

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 Calculated @ \$0.4415	Meals			Hotel	Other Expenses	Total Expense (\$)
					Breakfast	Lunch	Dinner			
9-Oct-19	Doctor Recruitment	Meal					\$ 164.47		\$ 164.47	
									-	
<b>TOTAL</b>									<b>\$ 164.47</b>	

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