

# COUNCIL AND CHIEF ADMINISTRATIVE OFFICER EXPENSE REPORTING FORM

Claimant's Name Ben Cleveland  
 Title Mayor  
 Date Jul-22

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 @ \$0.5113	Meals			Hotel	Other Expenses	Total Expense (\$)
					Breakfast	Lunch	Dinner			
18-Jul-22	Meeting w/ Minister of Health	Meal			\$ 23.41					\$ 23.41
14-Jul-22	Meeting w/ Town of Digby CAO	Meal				50.22				50.22
										-
										-
										-
										-
<b>TOTAL</b>									<b>\$ 73.63</b>	

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