COUNCIL AND CHIEF ADMINISTRATIVE OFFICER EXPENSE CLAIM

Claiment's Name: Ben Cleveland
Title : Mayor
Date : Oct-22

					Meals						Portion of Total Expense Paid by Town of Digby	
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 @ $0.5113 ($)**	**Breakfast (no recpt $20) ($)**	**Lunch (no recpt $20) ($)**	**Dinner (no recpt $45) ($)**	**Hotel ($)**	**Other Exp ($)**	**TOTAL EXP ($)**	Town Credit Card	Town Direct Billed Invoice
3-Oct-22	Meeting Meal	Meal w/ CAO		$ -		$ 36.63				**$ 36.63**		$ -
				-						-	-	-
				-						-		-
				-						-		-
				-						-		-
				-						-	-	-
				-						-	-	-
				-						-	-	-
				-						-	-	-
				-						-	-	-
				-						-	-	-
				-						-	-	-
				$ -	$ -	$ 36.63	$ -	$ -	$ -	**$ 36.63**	$ -	$ -

I cerify 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: $ 36.63
Less amount paid directly by The Town of Digby: $ -

Balance due (owed) to claimant **$ 36.63**

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