

# COUNCIL AND CHIEF ADMINISTRATIVE OFFICER EXPENSE REPORTING FORM

Claimant's Name Ben Cleveland  
 Title Mayor  
 Date 6/30/2018

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			
6/4/2018	FCM - Halifax	Hotel		\$ -				\$ 839.88		\$ 839.88
6/1/2018	FCM - Halifax	Meal		-						23.75
6/2/2018	FCM - Halifax	Meal		-						27.94
6/3/2018	FCM - Halifax	Meal		-		18.50				18.50
6/4/2018	FCM - Halifax	Meal		-	30.24					30.24
				-						-
<b>TOTAL</b>										<b>\$ 940.31</b>

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