

# COUNCIL AND CHIEF ADMINISTRATIVE OFFICER EXPENSE REPORTING FORM

Claimant's Name Paul Saulnier  
 Title Deputy Mayor  
 Date Feb-26

**\*\*NO EXPENSES TO REPORT\*\***

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	Mileage \$0.5932/k m (\$)	Meals				Other Expenses	Total Expense (\$)
					Breakfast	Lunch	Dinner	Hotel		
										\$ -
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
<b>TOTAL</b>									<b>\$ -</b>	

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