

COUNCIL AND CHIEF ADMINISTRATIVE OFFICER EXPENSE REPORTING FORM

Claimant's Name Ben Cleveland
 Title Mayor
 Date Apr-21

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			
16-Apr-21	Doctor/NP Recruitment	Meal				\$ 40.20			\$ 40.20	
									-	
									-	
									-	
TOTAL									\$ 40.20	

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