TRAVEL EXPENSE CLAIM FORM
MUNICIPALITY OF THE DISTRICT OF ARGYLE

Name: Richard Donaldson

Travel Dates: Jan 21st Feb. 25th, March 18th, 2019

Telephone: 902 648 4619

Function: YAIC

Paid Payroll Mar 28/19 DW

1) KILOMETRES: **(42.31 c per kilometer) as of October 1, 2016**

DATE	FROM	TO	#KILOMETRES

TOTAL $ _____

2) MEALS: (no receipts necessary)
(Meals = **$60.00**/day Breakfast **$15.00** Lunch **$20.00** Supper **$25.00**)

$ _____
Three Suppers $ 75.00
$ _____

3) LODGING: (attach receipts)

$ _____
$ _____

4) TAXIS, BUSES, PARKING, ETC. (attach receipts)

$ _____
$ _____

5) OTHER: (attach receipts)

$ _____
$ _____

#21112-000

Subtotal: $ _____
Less Advance $ _____
TOTAL $ 75.00

Signature

March 18/19
Date

Reserved for Finance Office:

Authorized by: _____ Chief Administrative Officer ✓ Director of Finance

Date: March 19/19 Signature: