

**TRAVEL EXPENSE CLAIM FORM  
MUNICIPALITY OF THE DISTRICT OF ARGYLE**

Name: Alain Muise

Travel Dates: March 21-23/18

Telephone: \_\_\_\_\_

Function: MODERNIZATION / ANA

**1) KILOMETRES: (42.89 cents per kilometer) as of May 10, 2017**

DATE	FROM	TO	#KILOMETRES
	Tues to <del>Wed</del> return		600

TOTAL 600 x .4289 \$ 257.34

**2) MEALS: (no receipts necessary)**

(Meals = \$60.00/day Breakfast \$15.00 Lunch \$20.00 Supper \$25.00)

Wednesday	25	\$	_____
Thursday	60	\$	_____
Fr. day	40	\$	<u>125.00</u>

**3) LODGING: (attach receipts)**

1 night only (Paid by personal card) \$ 243.92  
includes parking for 2 nights \$ \_\_\_\_\_

(31.82 HST)

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

\_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**5) OTHER: (attach receipts)**

meal - Municipality of Barrington Lunch \$ 20.00  
(meeting) \$ \_\_\_\_\_

Feb 23/2018 - receipt attached

**POSTED**  
**PT 51837**

Subtotal: \$ 646.26  
 Less Advance \$ \_\_\_\_\_  
 TOTAL \$ 646.26

*[Handwritten Signature]*

Signature

#21212-003 586.06  
 32290-500 60.20

March 26/2018  
 Date

Reserved for Finance Office:

Authorized by:  Chief Administrative Officer  Director of Finance

Date: March 26/18

Signature: Maisha Oliver

Posted on municipal website:

**PAID**  
APR - 4 2018  
18504


  
**DELTA**  
 HOTELS  
 MARRIOTT  
 BARRINGTON

1875 Barrington Street, Halifax, Nova Scotia, B3J 3L6  
 Tel: 902-429-7410 Fax: 902-420-6524

Mr Alain Muisse  
Canada

Room: 0324  
 Folio: 64095  
 Cashier: 9  
 Arrival: 03-22-18  
 Departure: 03-23-18

Date	Description	Additional Information	Charges	Credits
03-22-18	Room Charge		155.00	
03-22-18	Room Municipal Mkg Levy 2%		3.10	
03-22-18	Room HST		23.72	
03-22-18	Parking - Valet		54.00	
03-22-18	Parking HST		8.10	
03-23-18	Visa	XXXXXXXXXXXX0922	XX/XX	243.92

<b>HST Summary</b>	
Reg. No:741903694 RT0001	
Room	23.72
F&B	0.00
Other	8.10
<b>Total</b>	<b>31.82</b>

<b>Total</b>	243.92	243.92
<b>Balance Due</b>	0.00	CDN

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

CAPT. KAT'S LOBSTER SHACK  
3729 HIGHWAY 3  
BARRINGTON PANS

CARD \*\*\*\*\*0922  
CARD TYPE VISA  
DATE 2018/02/23  
TIME 5074 13:36:44  
CLERK ID 9193  
RECEIPT NUMBER  
H84147400-001-001-868-0

PURCHASE  
AMOUNT \$24.15  
TIP \$3.62  
TOTAL

**\$27.77**

VISA CREDIT  
A0000000031010  
4DC907E61605D238  
0000000000-

**APPROVED**

AUTH# 09311F 01-027  
THANK YOU

**NO SIGNATURE REQUIRED**

CARDHOLDER

IMPORT  
CO