

TRAVEL EXPENSE CLAIM FORM
MUNICIPALITY OF THE DISTRICT OF ARGYLE

Name: Alan Ivis

Travel Dates: May 7-8, 2018

Telephone: 902 648-4251

Function: AMANS - MUNICIPAL MODERNIZATION SESSION STMARY'S BOAT CLUB

1) KILOMETRES: (4.15 cents per kilometer) as of April 1, 2018

DATE	FROM	TO	#KILOMETRES
	Tusnet	HEX	300
	Hal: Fax	Tusnet	300
TOTAL			600
			44.15
			\$ 264.90

2) MEALS: (no receipts necessary)

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

Supper	MAY 7	25	\$	60.00
B. F	MAY 8	15	\$	
lunch	MAY 8	20	\$	

3) LODGING: (attach receipts)

Paid by Personal Visa \$ 137.99

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

_____ \$ _____
 _____ \$ _____

5) OTHER: (attach receipts)

PAID
 MAY 10 2018
 18674

POSTED
 53087

#21900-007 419.76
 32290-500 43.13
 462.89

Subtotal: \$ 462.89
 Less Advance \$ _____
TOTAL \$ 462.89

[Handwritten Signature]
 Signature

May 9, 2018
 Date

Reserved for Finance Office:

Authorized by: Chief Administrative Officer Director of Finance

Date: May 9/2018 Signature: Maisha Chior

Posted on municipal website:

Best Western Plus Bridgewater

527 HIGHWAY 10
COOKVILLE, NS B4V 7P4

(902) 530-0101

info@bestwesternbridgewater.com

www.bestwestern.com

05/08/2018 02:52 AM

Loyalty Club: 6006637469526529 BLUE

Room # 319-A

Conf # 104155
Arrival 05/07/18
Departure 05/08/18

Registered To:

Muise, Alain
Municipality Of Argyle
27 Court House Road
Tusket, NS B0W 3M0

Room Type KSP-1 KING BED PA
Guests 1 / 0

(902) 648-3293

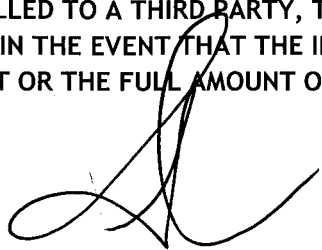
Payment Visa/Master
Acct XXXX-XXXX-XXXX-0922

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
05/07/18	LMCCAF	RC	ROOM CHRG REVENUE			\$119.99
05/07/18	LMCCAF	9	HST			\$18.00
05/08/18	LMCCAF	VS	PAYMENT VISA		0922 - 07517F	\$137.99-
Balance Due						\$0.00

Municipal Modernization - St Mary's Boat Club

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

HST # 830404695



Signature

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