

TRAVEL EXPENSE CLAIM FORM
MUNICIPALITY OF THE DISTRICT OF ARGYLE

Name: Glenn Diggdon Travel Dates: 31 May - 5 June 17

Telephone: 902 648 8242 Function: FCM, OTTAWA

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

DATE	FROM	TO	#KILOMETRES
31 May	M.W. Pubnico	Airport Halifax	283
5 June	Airport Halifax	M.W. Pubnico	283

TOTAL \$ 239.47

2) MEALS: (no receipts necessary)

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

June 1st Breakfast, Dinner + Supper \$ 60.00
 June 2nd + 3rd 2 suppers @ 25.00 each \$ 50.00
 June 5 - 1 Breakfast + 1 Lunch \$ 35.00

3) LODGING: (attach receipts)

OTTAWA Marriott, OTTAWA ON \$ 1,159.24 ✓
 please see Chris for receipt.

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

2 @ \$20.00 each Airport to OTTAWA Marriott \$ 40.00 ^
& return 31 May + 5 June

5) OTHER: (attach receipts)

Air allowance ADM \$ 500.00



Subtotal: ADM \$ 2083.71
 Less Advance \$ _____
TOTAL \$ 2083.71

Glenn Diggdon
 Signature

10 July 17
 Date

Thank-you

21135000
 32290 - 500
 1907.22
 176.49
2083.71

Reserved for Finance Office:

Authorized by: _____ Chief Administrative Officer _____ Director of Finance

Date: _____

Signature: _____



GUEST FOLIO

2134 DIGGDON/GLENN 249.00 DUPLICATE 10:20 ACCT#
 ROOM NAME RATE DEPART TIME 10775
 SKNG MUNICIPALITY OF ARGY 06/01/17
 TYPE ARRIVE TIME GROUP
 4527
 ROOM CLERK TUSKET NS MCXXXXXXXXXXXX2708
 BOW3MO PAYMENT MR#:
 ADDRESS

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
06/01	ROOM 2134, 1	249.00		
06/01	ROOM HST 2134, 1	32.37		
06/01	DM FEE 2134, 1	7.47		
06/01	DMF HST 2134, 1	.97		
06/02	ROOM 2134, 1	249.00		
06/02	ROOM HST 2134, 1	32.37		
06/02	DM FEE 2134, 1	7.47		
06/02	DMF HST 2134, 1	.97		
06/03	ROOM 2134, 1	249.00		
06/03	ROOM HST 2134, 1	32.37		
06/03	DM FEE 2134, 1	7.47		
06/03	DMF HST 2134, 1	.97		
06/04	ROOM 2134, 1	249.00		
06/04	ROOM HST 2134, 1	32.37		
06/04	DM FEE 2134, 1	7.47		
06/04	DMF HST 2134, 1	.97		
06/05	CCARD-MC		1159.24	
	MCXXXXXXXXXXXX2708			
			^	.00



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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

Tem registration

Glenn Diggon.

Transaction Date	Posting Date	Ref. Number	Description	Amount
19/04	19/04	85121643DLS1FWAHK	RADIO AMATEURS OF C 6132444367 ON	64.40
20/04	20/04	55134423EP95Z9L50	FCM - FED.OF CDN MUN OTTAWA ON	937.90
21/04	21/04	55419213G00MPN6V1	NEEDS 4562 YARMOUTH NS	58.01
24/04	24/04	55134423KP95J27BK	PETROCAN PUBNICO HEAD NS	56.22
26/04	26/04	55432863L007YFYGA	CCI*HOTEL -EBOOKING 888-724-1575 TX	204.33
US DOLLAR				
				146.46 X 1.39512494

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21135-000 850.52
 32290-500 87.38

 937.90

POSTED
135497

PAID
MAY 25 2017
17263