

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

Name: Glenn Diggdon

Travel Dates: Oct 11/18  
Rural Internet

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

Function: TRVD

**1) KILOMETRES: (44.15 cents per kilometer) as of April 1, 2018**

DATE	FROM	TO	#KILOMETRES
On other Claim Form			
PAID			
OCT 25 2018			
194.51			
TOTAL			\$ _____

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

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

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

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

Attached  
\_\_\_\_\_  
lodging + supper  
\$ \_\_\_\_\_  
\$ 159.50

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

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

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

21132-000 145.99  
32290-500 13.51  
\_\_\_\_\_  
159.50  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Council travel

**POSTED**  
164702

**Subtotal:** \$ \_\_\_\_\_  
**Less Advance** \$ \_\_\_\_\_  
**TOTAL** \$ 159.50

Glenn Diggdon  
Signature

16 Oct 2018  
Date

Reserved for Finance Office:

Authorized by:  Chief Administrative Officer  Director of Finance

Date: Oct 22/18 Signature: \_\_\_\_\_

Posted on municipal website:



# Holiday Inn

10-11-18

<b>Glenn Diggdon</b> <b>27 Courthouse Road</b> <b>Tusket NS B0W 3M0</b> <b>Canada</b>	Folio No. :	Room No. : <b>100</b>
	A/R Number :	Arrival : <b>10-10-18</b>
	Group Code :	Departure : <b>10-11-18</b>
	Company : <b>Municipality of Argyle</b>	Conf. No. : <b>25766518</b>
	Membership No. :	Rate Code : <b>IP2JJ</b>
	Invoice No. :	Page No. : <b>1 of 1</b>

Date	Description	Charges	Credits
10-10-18	Bistro on Prince - Room Charge Room# 100 : CHECK# 2050	19.55	<i>Supper</i>
10-10-18	Package Rate	123.00	
10-10-18	HST Tax	16.95	
<b>Total</b>		<b>159.50</b>	<b>0.00</b>
<b>Balance</b>		<b>159.50</b>	

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

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.



*Holiday Inn*

<b>Glenn Diggdon</b> <b>27 Courthouse Road</b> <b>Tusket NS B0W 3M0</b> <b>Canada</b> <b>Tax ID</b>	<b>Date : 10-11-18</b> <b>Time : 09:36</b> <b>Room : 100</b> <b>Recpt. No. : 213370</b>
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**PAYMENT RECEIPT**

<b>Date</b>	<b>Description</b>	<b>App. Code</b>	<b>Amount</b>
10-11-18	MasterCard XXXXXXXXXXXXX2708 XX/XX	010273	159.50CAD

\_\_\_\_\_  
**Guest Signature**

\_\_\_\_\_  
**Cashier 21**

Holiday Inn Conference Centre Truro  
437 Prince Street  
Truro, NS B2N 1E6  
Telephone: (902) 895-1651 Fax: (902) 893-9455  
HST # 863776738RT0005