

JUN 23 2023

Municipality of the District of Digby Expense Claim

Claimant's Name: Linda Gregory
 Claimant's Title: Warden
 Date expense report posted: May 1 to June 6/23

Date Expenses Incurred	Business Purpose of Expense: must include (if applicable): date of travel & destination	Professional Development Expense Type	Travel Expense Type	Travel/Prof Dev Cost (\$)	kms driven	Mileage calculated @ 0.5770	Meals			Other Expenses		Credit Card	Invoice
							Breakfast \$20	Lunch \$20	Dinner \$45	Description	Amount		
MAY 3,4,5/23	NSFN SPRING WORKSHOP				120.00	69.24							
MAY 6/23	Coronation Tea				20.00	11.54							15.00
MAY 9/23	Opening Balse's PharmaChoice Clinic Grand Opening meeting residents Acadicaville /premier				30.00	17.31							
May 11/23	MPL Committee				20.00	11.54							
May 17/23	DARC				20.00	11.54							
May 18/23	DARC Senior Day				20.00	11.54							
May 23/23	FCM TO HALIFAX				504.00	290.81				INCIDENTALS	10.00		
May 24/23	FCM TO TORONTO						20.00	20.00	45.00	INCIDENTALS	10.00		
May 25/23	FCM						20.00	20.00	45.00	INCIDENTALS	10.00		
May 26/23	FCM								45.00	INCIDENTALS	10.00		
May 27/23	FCM								45.00	INCIDENTALS	10.00		
May 28/23	FCM									INCIDENTALS	10.00		
May 29/23	FCM going home						20.00	20.00	45.00	HOTEL	951.35		
										TAXI TO AIRPORT	71.00		
June 1/23	MPL Committee				20.00	11.54							
June 6/23	NSCC Graduation				240.00	138.48			45.00				
						573.54	60.00	60.00	270.00		1,097.35		
						Office USE only					53.44		

I certify that the amounts claimed in this request are accurate, in accordance with municipal policy, and were incurred while conducting municipal business.

Linda Gregory Warden
 Print name and position *Linda Gregory Warden*
 Signed

Notes: Travel exepenses include, but are not limited to accommodations, transportation and incidentals. Professional development expenses include, but are limited to course registration fees. Business purpose of an expense include, but are not limited to: conferences, meetings, municipal events, professional development.

Total Claim: 2,060.89
 Less amount paid directly by municipality: -
 2,060.89
 Balance Due (Owed): 2,060.89

*APPROVED by:
Jeff Gundersen CAO

*LINDA
1951.35*

INFORMATION INVOICE

Membership No. : PC 391495306
 A/R Number :
 Group Code : QBY
 Company Name : Federation of Canadian Munic
 Gregory, Linda
 Ms Diane Leblanc
 Canada

Room No. : 0629
 Confirmation No. : 8791635
 Arrival : 05-24-23
 Departure : 05-29-23
 Page No. : 1 of 2
 Folio No. : 1291608
 Cashier No. : 132
 HST Reg No. : 803103712

Date	Text	Reference	Charges	Credits
05-24-23	Deposit Transfer at Check-In			374.89
05-24-23	*Accommodation		319.00	
05-24-23	Municipal Accommodation Tax		12.76	
05-24-23	HST on MAT(13%)		1.66	
05-24-23	HST 13% on Rooms		41.47	
05-25-23	*Accommodation		319.00	
05-25-23	Municipal Accommodation Tax		12.76	
05-25-23	HST on MAT(13%)		1.66	
05-25-23	HST 13% on Rooms		41.47	
05-25-23	Refrigerator Rental		25.00	
05-25-23	HST 13%		3.25	
05-26-23	*Accommodation		319.00	
05-26-23	Municipal Accommodation Tax		12.76	
05-26-23	HST on MAT(13%)		1.66	
05-26-23	HST 13% on Rooms		41.47	
05-27-23	*Accommodation		319.00	
05-27-23	Municipal Accommodation Tax		12.76	
05-27-23	HST on MAT(13%)		1.66	
05-27-23	HST 13% on Rooms		41.47	



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Date	Text	Reference	Charges	Credits
05-28-23	*Accommodation		319.00	
05-28-23	Municipal Accommodation Tax		12.76	
05-28-23	HST on MAT(13%)		1.66	
05-28-23	HST 13% on Rooms		41.47	
05-29-23	American Express	XXXXXXXXXXXX1008		1,527.81
Total			1,902.70	1,902.70
HST 13%	3.25	CAD		
	0.00			
Harmonized Sales Tax		Balance	0.00	CAD

How great was your stay? If we did not exceed your expectations, let us know and we'll make it right.

Airflight Services
3300 Steeles Ave. W 202
Concord, Ontario L4K2Y4
4164451999

SALE

Clerk #: 000549
MID: 6488410
TID: 014 REF#: 00000002
Batch #: 149001 RRN: 00000002
05/29/23 11:40:29
APPR CODE: 486841
VISA Chip
*****2017 **/**

AMOUNT	\$66.00
TIP	\$5.00
TOTAL	\$71.00

APPROVED

SCOTIABANK VISA
AID: A0000000031010
TVR: 00 80 00 80 00
TS: F8 00

BY ENTERING A VERIFIED PIN
CARDHOLDER AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUER'S
AGREEMENT
WITH CARDHOLDER

THANK YOU! / MERCI!