

Municipality of the District of Barrington Expense Claim

Claimant's Name: Chris Frotten

Claimant's Title: CAO

Date Expense 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 @ 0.467	Breakfast	Lunch	Dinner	Other	Total
30-Oct-20	County RCMP Meeting - Shelburne				71.8	30.80					30.80
				-		30.80	-	-	-	-	30.80

