

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 @ 0.4615	Breakfast	Lunch	Dinner	Other	Total
21-Jul-21	Shelburne County Mayors/Wardens Meeting				123	56.76					56.76
				-		56.76	-	-	-	-	56.76

