

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Bill MacFarlane (BIL210)**

Month/Year: May 2020

OFFICE USE ONLY
Paid by
Municipality

District: **10**

Date	Details of Expense	Km Travelled	TRAVEL(\$)		MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$)	OTHER (\$)	Amount (\$)	AMOUNT
			TRV			PD	OTH		
			\$ -					\$ -	
			\$ -					\$ -	
	Internet						\$ 22.50	\$ 22.50	
TOTAL		0	\$ -	\$ -	\$ -	\$ -	\$ 22.50	\$ 22.50	\$ -

Expense Codes
TRV - Travel -Mileage, Parking, Hotel, Taxi
ML - Meal Expenses
PD - Professional Development (training/conference)
OTH - Other - le-Phone, Internet, Incidentals
Mileage Rate - \$0.4670/KM

Per Diem Rates	
Meal	Rate per Day
Incidental	\$ 10.00
Breakfast	\$ 15.00
Lunch	\$ 20.00
Dinner	\$ 36.00
Total per day	\$ 81.00

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

District 10

Signature: _____

Date: June 4/2020

Approved by: 
(Municipal Clerk/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202131	\$ -
ML - GL# - 10-210-2110-202131	\$ -
PD - GL# - 10-210-2110-202131	\$ -
OTH - GL# - 10-210-2110-202131	\$ 22.50
TOTAL	\$ 22.50