

MUNICIPALITY OF THE COUNTY OF  
**ANTIGONISH**

**Council Expense Claim Report**

Name: **John Dunbar (JOH030)**

Month/Year: May 2020

OFFICE USE ONLY  
Paid by  
Municipality

District: **7**

| Date         | Details of Expense | Km Travelled | TRAVEL(\$)<br>TRV | MEAL (\$)<br>ML | PROFESSIONAL<br>DEVELOPMENT (\$)<br>PD | OTHER (\$)<br>OTH | Amount (\$)     | AMOUNT      |
|--------------|--------------------|--------------|-------------------|-----------------|--|-------------------|-----------------|-------------|
|              |                    |              | \$ -              |                 |  |                   | \$ -            |             |
|              |                    |              | \$ -              |                 |  |                   | \$ -            |             |
|              |                    |              | \$ -              |                 |  |                   | \$ -            |             |
|              | Internet           |              |                   |                 |  | \$ 22.50          | \$ 22.50        |             |
|              | Cell Phone Stipend |              |                   |                 |  | \$ 40.00          | \$ 40.00        |             |
| <b>TOTAL</b> |                    | <b>0</b>     | <b>\$ -</b>       | <b>\$ -</b>     | <b>\$ -</b>                            | <b>\$ 62.50</b>   | <b>\$ 62.50</b> | <b>\$ -</b> |

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

| Per Diem Rates       |                 |
|----------------------|-----------------|
| Meal                 | Rate per Day    |
| Incidental           | \$ 10.00        |
| Breakfast            | \$ 15.00        |
| Lunch                | \$ 20.00        |
| Dinner               | \$ 36.00        |
| <b>Total per day</b> | <b>\$ 81.00</b> |

*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 7

Signature: \_\_\_\_\_

Date: June 4/2020

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

| Office Use Only                |                 |
|--------------------------------|-----------------|
| TRV - GL# - 10-210-2110-202128 | \$ -            |
| ML - GL# - 10-210-2110-202128  | \$ -            |
| PD - GL# - 10-210-2110-202128  | \$ -            |
| OTH - GL# - 10-210-2110-202128 | \$ 62.50        |
| <b>TOTAL</b>                   | <b>\$ 62.50</b> |