

MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Report

Name: **Donnie MacDonald (DON140)**

District: **2**

OFFICE USE ONLY
 Paid by Municipality

Date	Expense Code	Details of Expense	Km Travelled	TRAVEL(\$)	MEAL (\$)	PROFESSIONAL DEVELOPMENT (\$)	OTHER (\$)	Amount (\$)
April 01/19	TRV	AAHS Strategy Financial Planning	6	\$ 2.75				\$ 2.75
April 02/19	TRV	Finance Committee Meeting	12	\$ 5.50				\$ 5.50
April 02/19	TRV	Committee Of The Whole	16	\$ 7.34				\$ 7.34
April 03/19	TRV	OHS& Wellness Committee	16	\$ 7.34				\$ 7.34
April 25/19	TRV	Wardens Tour Beech Hill	14	\$ 6.42				\$ 6.42
April 29/19	TRV	RK Mac Donald Nursing Home	5	\$ 2.29				\$ 2.29
	OTH	Internet					\$ 22.50	\$ 22.50
	OTH	Cell Phone Stipend					\$ 40.00	\$ 40.00
TOTAL			69	\$ 31.64	\$ -	\$ -	\$ 62.50	\$ 94.14

Credit Card	Invoice #
\$ -	

TYPES OF EXPENSE:	
Expense Codes	
TRV-	Travel -Mileage, Parking, Hotel, Taxi
ML -	Meal Expenses
PD -	Professional Development (training/conference)
OTH -	Other - le-Phone, Internet
Mileage Rate - \$0.4585/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 2 Signature: _____


Date: _____

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

Office Use Only		
TRV - GL# - 10-210-2110-202123	\$	31.64
ML - GL# - 10-210-2110-202123	\$	-
PD - GL# - 10-210-2110-202123	\$	-
OTH - GL# - 10-210-2110-202123	\$	62.50
TOTAL	\$	94.14