

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Report**

Name: **Donnie MacDonald (DON140)**

Month/Year

July-19

District: **2**

**OFFICE USE ONLY  
Paid by Municipality**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PL	OTHER (\$) OTH	Amount (\$)	AMOUNT
02-Jul-19	AAHS Meeting	6	\$ 2.75				\$ 2.75	
04-Jul-19	Special Asset Meeting	16	\$ 7.34				\$ 7.34	
	Special Council Meeting		\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>22</b>	<b>\$ 10.09</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 72.59</b>	<b>\$ -</b>

TYPES OF EXPENSE:	
Expense Codes	
TRV - Travel -Mileage, Parking, Hotel, Taxi	
ML - Meal Expenses	
PD - Professional Development (training/conference)	
OTH - Other - ie: Phone, Internet, Incidentals	
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: July 4/19

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

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 10.09
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
<b>TOTAL</b>	<b>\$ 72.59</b>