

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Report

Name: **Bill MacFarlane (BIL210)**

Month/Year: June-19

District: **10**

OFFICE USE ONLY
Paid by Municipality

| Date | Details of Expense | Km Travelled | TRAVEL(\$) TRV | MEAL (\$) ML | PROFESSIONAL DEVELOPMENT (\$) PD | OTHER (\$) OTH | Amount (\$) | AMOUNT |
|--------------|-----------------------|--------------|-------------------|--------------|-------------------------------------|-----------------|-----------------|-------------|
| 04-Jun-19 | Asset Mngmt/CoW | 10 | \$ 4.59 | | | | \$ 4.59 | |
| 18-Jun-19 | Municipal Council/CoW | 10 | \$ 4.59 | | | | \$ 4.59 | |
| | Internet | | | | | \$ 22.50 | \$ 22.50 | |
| | Cell Phone Stipend | | | | | \$ 40.00 | \$ 40.00 | |
| TOTAL | | 20 | \$ 9.17 | \$ - | \$ - | \$ 62.50 | \$ 71.67 | \$ - |

| Expense Codes |
|---|
| TRV - Travel -Mileage, Parking, Hotel, Taxi |
| ML - Meal Expenses |
| PD - Professional Development (training/conference) |
| OTH - Other - le-Phone, Internet, Incidentals |
| Mileage Rate - \$0.4585/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 10

Signature: 

Date: July 26/19

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

| Office Use Only | |
|--------------------------------|-----------------|
| TRV - GL# - 10-210-2110-202131 | \$ 9.17 |
| ML - GL# - 10-210-2110-202131 | \$ - |
| PD - GL# - 10-210-2110-202131 | \$ - |
| OTH - GL# - 10-210-2110-202131 | \$ 62.50 |
| TOTAL | \$ 71.67 |