

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Report

Name: **Donnie MacDonald (DON140)** Month/Year December-19
 District: **2**

**OFFICE USE ONLY
Paid by Municipality**

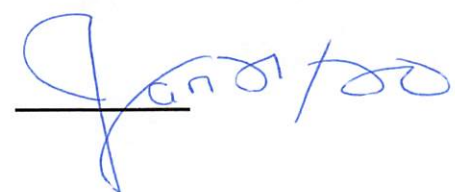
Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PL	OTHER (\$) OTH	Amount (\$)	AMOUNT
Dec. 03/19	Asset Management Committee	16	\$ 7.34				\$ 7.34	
	Committee Of The Whole		\$ -				\$ -	
Dec. 04/19	Joint Town & County Meeting	16	\$ 7.34				\$ 7.34	
Dec. 05/19	A.A.H.S. Tenant Committee	6	\$ 2.75				\$ 2.75	
Dec. 09/19	Emergency Council Meeting	16	\$ 7.34				\$ 7.34	
Dec. 10/19	A.A.H.S. Financial Review	6	\$ 2.75				\$ 2.75	
Dec. 11/19	OHS&W Committee Meeting	16	\$ 7.34				\$ 7.34	
Dec.13/19	E.R.S.W. Mgmt Committee	108	\$ 49.52				\$ 49.52	
Dec.17/19	Committee Of The Whole	16	\$ 7.34				\$ 7.34	
	Regular Council Meeting		\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		200	\$ 91.70	\$ -	\$ -	\$ 62.50	\$ 154.20	\$ -

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

Date: 

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 91.70
ML- GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
TOTAL	\$ 154.20