

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

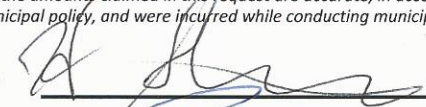

**Name:** Hughie Stewart (HUG030)      **Month/Year** August-20  
**District:** 3

Date	Details of Expense	Km Travelled	TRAVEL(\$)		MEAL (\$) ML	PROFESSIONAL	OTHER (\$)	Amount (\$)
			TRV			DEVELOPMENT (\$) PD	OTH	
	all meetings done by zoom		\$	-				\$ -
			\$	-				\$ -
			\$	-				\$ -
			\$	-				\$ -
			\$	-				\$ -
			\$	-				\$ -
			\$	-				\$ -
			\$	-				\$ -
			\$	-				\$ -
1-Aug	Internet						\$ 22.50	\$ 22.50
1-Aug	Cell Phone Stipend						\$ 40.00	\$ 40.00
<b>TOTAL</b>		<b>0</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$ 62.50</b>	<b>\$ 62.50</b>

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

Per Diem Rates	
<b>Meal</b>	<b>Rate per Day</b>
<b>Incidental</b>	<b>\$ 10.00</b>
<b>Breakfast</b>	<b>\$ 15.00</b>
<b>Lunch</b>	<b>\$ 20.00</b>
<b>Dinner</b>	<b>\$ 36.00</b>
<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 3**  
**Signature:**   
**Approved by:**   
 (Municipal Clerk/Deputy Clerk/Director)

**Date:** 10/30/2020

Office Use Only	
TRV - GL# - 10-210-2110-202124	\$ -
ML - GL# - 10-210-2110-202124	\$ -
PD - GL# - 10-210-2110-202124	\$ -
OTH - GL# - 10-210-2110-202124	\$ 62.50
<b>TOTAL</b>	<b>\$ 62.50</b>