

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Vaughan Chisholm (VAU050)** Month/Year May 2020
 District: **4**

OFFICE USE ONLY
 Paid by
 Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$)		MEAL (\$) ML	PROFESSIONAL	OTHER (\$)	Amount (\$)	AMOUNT
			TRV			DEVELOPMENT (\$) PD	OTH		
	COVID-19 Distancing		\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
	Internet						\$ 22.50	\$ 22.50	
	Cell Phone Stipend						\$ 40.00	\$ 40.00	
TOTAL		0	\$ -	\$ -	\$ -	\$ -	\$ 62.50	\$ 62.50	\$ -

TYPES OF EXPENSE
Expense Codes
TRV - Travel -Mileage, Parking, Hotel, Taxi
ML - Meal Expenses
PD - Professional Development (training/conference)
OTH - Other - le-Phone, Internet, Incidentals
Mileage Rate - \$0.4670/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 4

Signature: _____

Date: June 4/2020

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

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ -
ML- GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 62.50