

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

**Name:** Donnie MacDonald (DON140)      **Month/Year** October-20  
**District:** 2

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PL	OTHER (\$) OTH	Amount (\$)
Oct. 02/20	Community A.T. Network	16	\$ 7.47				\$ 7.47
Oct. 05/20	Wetlands Compensation Hwy 104	16	\$ 7.47				\$ 7.47
	Planning Advisory Committee	16	\$ 7.47				\$ 7.47
Oct. 07/20	OHS& Wellness Committee	16	\$ 7.47				\$ 7.47
Oct.13/20	Committee Of The Whole	16	\$ 7.47				\$ 7.47
	Municipal Council Meeting		\$ -				\$ -
Oct. 21/20	A.A.H.S. Tenant Selection	6	\$ 2.80				\$ 2.80
	A.A.H.S. Committee Meeting		\$ -				\$ -
Oct. 27/20	A.A.H.S. Tenant Selection	6	\$ 2.80				\$ 2.80
			\$ -				\$ -
	Internet					\$ 22.50	\$ 22.50
	Cell Phone Stipend					\$ 40.00	\$ 40.00
<b>TOTAL</b>		<b>92</b>	<b>\$ 42.96</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 105.46</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 - \$0.4670/KM	

Per Diem Rates	
Meal	Rate per Day
Incidental	\$ 10.00
Breakfast	\$ 15.00
Lunch	\$ 20.00
Dinner	\$ 36.00
<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 2  
 Signature: 

Date: 12/01/2020

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

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 42.96
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
<b>TOTAL</b>	<b>\$ 105.46</b>