MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: Gary Mattie (GAR010) **Month/Year:** September-20

District: 8

OFFICE USE ONLY
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL($) TRV	MEAL ($) ML	PROFESSIONAL DEVELOPMENT ($) PD	OTHER ($) OTH	Amount ($)	AMOUNT
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
	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 - 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**
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 8 Signature: _____ **Date:** _____

RECEIVED
DEC 18 2020

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

Office Use Only		
TRV - GL# - 10-210-2110-202129	$	-
ML- GL# - 10-210-2110-202129	$	-
PD - GL# - 10-210-2110-202129	$	-
OTH - GL# - 10-210-2110-202129	$	62.50
TOTAL	**$**	**62.50**

RECEIVED