

MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: **Donnie MacDonald (DON140)** Month/Year **December-20**
 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. 01/20	A.A.H.S. Tenant Selection Comm.	6	\$ 2.80				\$ 2.80	
Dec. 04/20	A.A.H.S. Tenant Selection Comm.	6	\$ 2.80				\$ 2.80	
Dec. 07/20	Refreshner orientation on conflict of interest & in camera session	16	\$ 7.47				\$ 7.47	
Dec. 08/20	A.A.H.S. Tenant Selection Comm.	6	\$ 2.80				\$ 2.80	
Dec. 14/20	COW/Council meeting	16	\$ 7.47				\$ 7.47	
	Municipal Council Meeting		\$ -				\$ -	
Dec. 15/20	Low Carbon Community Feasibility Study update & Priority workshop	16	\$ 7.47				\$ 7.47	
Dec. 18/20	A.A.H.S. Tenant Selection Comm.	6	\$ 2.80				\$ 2.80	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	

TOTAL	72	\$ 33.62	\$ -	\$ -	\$ 62.50	\$ 96.12	\$ -
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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 2
 Signature: Donald F MacDonald

Date: _____

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

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 33.62
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
TOTAL	\$ 96.12