

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Shawn Brophy (SHA030)**

Month/Year January-21

OFFICE USE ONLY

District: **4**

Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
11-Jan-21	Council/COW	14.4	\$ 6.72				\$ 6.72	
19-Jan-21	Strategic priorities	14.4	\$ 6.72				\$ 6.72	
20-Jan-21	Strategic priorities	14.4	\$ 6.72				\$ 6.72	
25-Jan-21	COW/Asset management	14.4	\$ 6.72				\$ 6.72	
28-Jan-21	RK Nursing home meeting	14.4	\$ 6.72				\$ 6.72	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		72	\$ 33.62	\$ -	\$ -	\$ 62.50	\$ 96.12	\$ -

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 4

Signature:

X Shawn Brophy

Date:

Feb 2/2021

Approved by:

[Signature]
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 33.62
ML - GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 96.12