

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Mary MacLellan (MAR120)**

Month/Year March 21

OFFICE USE ONLY
Paid by
Municipality

District: **1**

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PD)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
1-Mar-21	Planning	61	\$ 28.15				\$ 28.15	
2-Mar-21	COW ASSET	61	\$ 28.15				\$ 28.15	
8-Mar-21	EMO	61	\$ 28.15				\$ 28.15	
9-Mar-21	council	61	\$ 28.15				\$ 28.15	
18-Mar-21	RK signing papers	53.8	\$ 24.83				\$ 24.83	
23-Mar-21	COW ASSET	61	\$ 28.15				\$ 28.15	
25-Mar-21	RK-County	61	\$ 28.15				\$ 28.15	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		419.8	\$ 193.74	\$ -	\$ -	\$ 62.50	\$ 256.24	\$ -

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 - \$0.4615/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 1
Signature: Mary MacLellan
Approved by: [Signature]
(Municipal CAO/Deputy Clerk/Director)

Date: Apr. 13-2021

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 193.74
ML - GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 256.24