

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Donnie MacDonald (DON140) **Month/Year** July-21
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
July 05/21	Antigonish Heritage Museum	12	\$ 5.54				\$ 5.54	
July 06/21	Committee Of The Whole	16	\$ 7.38				\$ 7.38	
	Regular Municipal Council		\$ -				\$ -	
July 09/21	Antigonish Heritage Museum	12	\$ 5.54				\$ 5.54	
	Nominating Committee		\$ -				\$ -	
July 21/21	A.A.H.S. Board Meeting	6	\$ 2.77				\$ 2.77	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		46	\$ 21.23	\$ -	\$ -	\$ 62.50	\$ 83.73	\$ -

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 2
Signature: [Signature]
Approved by: [Signature]
 (Municipal CAO/Deputy Clerk/Director)

Date: _____

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 21.23
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
TOTAL	\$ 83.73