

MUNICIPALITY OF THE COUNTY OF  
**ANTIGONISH**

**Council Expense Report**

Name: **Glenn Horne (GLE010)**  
CAO

Month/Year June, 2021

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)
	None		\$ -				\$ -
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			\$ -				\$ -
<b>TOTAL</b>		<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

TYPES OF EXPENSE:
<b>Expense Codes</b>
TRV- Travel -Mileage, Parking, Hotel, Taxi
ML - Meal Expenses
PD - Professional Development (training/conference)
OTH - Other - Ie-Phone, Internet, Incidentals
<b>Mileage Rate - \$0.4670/KM</b>

Per Diem Rates	
Meal	Rate per Day
Incidental	\$ 10.00
Breakfast	\$ 15.00
Lunch	\$ 20.00
Dinner	\$ 36.00
<b>Total per day</b>	<b>\$ 81.00</b>

I certify that the amounts claimed in this request are accurate, in accordance with the municipal policy, and were incurred while conducting municipal business.

Signature:   
Approved by: 

Date: June 29/2021

Office Use Only	
TRV - GL# - 10-210-2123-201116	\$ -
ML- GL# - 10-210-2123-201116	\$ -
PD - GL# - 10-210-2123-201116	\$ -
OTH - GL# - 10-210-2123-201116	\$ -
<b>TOTAL</b>	<b>\$ -</b>