

MUNICIPALITY OF THE COUNTY OF ANTIGONISH

Council Expense Claim Report

Name: **Harris McNamara (HAR015)** Month/Year: April-21
 District: **9**

OFFICE USE ONLY
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	
21-Apr-13	Committee of the Whole / Regula	79.8	\$ 36.83				\$ 36.83	
21-Apr-27	Asset Managemetr / Committee	79.8	\$ 36.83				\$ 36.83	
			\$ -				\$ -	
			\$ -				\$ -	
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			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		159.6	\$ 73.66	\$ -	\$ -	\$ 62.50	\$ 136.16	\$ -

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 9
 Signature: James Harris McNamara

Date: May 01/2021

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

Office Use Only	
TRV - GL# - 10-210-2110-202130	\$ 73.66
ML- GL# - 10-210-2110-202130	\$ -
PD - GL# - 10-210-2110-202130	\$ -
OTH - GL# - 10-210-2110-202130	\$ 62.50
TOTAL	\$ 136.16