

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Mary MacLellan (MAR120)**

Month/Year Jun-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
01-Jun-21	CoW/Council by Zoom		\$ -				\$ -	
08-Jun-21	CoW by Zoom		\$ -				\$ -	
16-Jun-21	Joint Town and County by Zoom		\$ -				\$ -	
22-Jun-21	CoW/Asset Management	61	\$ 28.15				\$ 28.15	
24-Jun-21	RK MacDonald	61	\$ 28.15				\$ 28.15	
30-Jun-21	RK MacDonald Foundation - Maritime Inn	45.2	\$ 20.86				\$ 20.86	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		167.2	\$ 77.16	\$ -	\$ -	\$ 62.50	\$ 139.66	\$ -

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: 

Date: Sept. 28 2021

Approved by: 
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 77.16
ML - GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 139.66