MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: Harris McNamara (HAR015) **Month/Year:** September-21

District: 9

Date		Km Travelled	TRAVEL($) TRV	MEAL ($) ML	PROFESSIONAL DEVELOPMENT ($) PD	OTHER ($) OTH	Amount ($)	OFFICE USE ONLY Paid by Municipality AMOUNT
13-09-2021	Consolidation Town & County	79.8	$ 36.83				$ 36.83	
14-09-2021	Committee of Whole, Regular Cou	79.8	$ 36.83				$ 36.83	
21-09-2021	Northern Pulp Presentation	79.8	$ 36.83				$ 36.83	
							$ 36.83	
23-09-2021	Eastern Solid Waste Committee Meeting	62.5	$ 28.84				$ 28.84	
27-09-2021	Town & County Meeting	79.8	$ 36.83				$ 36.83	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
	Internet					$ 22.50	$ 22.50	
	Cell Phone Stipend					$ 40.00	$ 40.00	
	TOTAL	381.7	$ 176.15	$ -	$ -	$ 62.50	$ 238.65	$ -

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: _____ **Date:** October 7/2021

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

Office Use Only	
TRV - GL# - 10-210-2110-202130	$ 176.15
ML- GL# - 10-210-2110-202130	$ -
PD - GL# - 10-210-2110-202130	$ -
OTH - GL# - 10-210-2110-202130	$ 62.50
TOTAL	$ 238.65