

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Bill MacFarlane (BIL210)**

Month/Year: November-21

District: **10**

**OFFICE USE ONLY
Paid by
Municipality**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
29-Nov-21	Conference - Halifax Nov 29-Dec 1	430	\$ 198.45	\$ 36.00			\$ 234.45	
30-Nov-21			\$ -	\$ 36.00			\$ 36.00	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
TOTAL		430	\$ 198.45	\$ 72.00	\$ -	\$ 22.50	\$ 292.95	\$ -

TYPES OF EXPENSE	
Expense Codes	
TRV - Travel - Mileage, Parking, Hotel, Taxi	
ML - Meal Expenses	
PD - Professional Development (training/conference)	
OTH - Other - le-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 10

Signature: 

Date: _____

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

Office Use Only	
TRV - GL# - 10-210-2110-202131	\$ 198.45
ML - GL# - 10-210-2110-202131	\$ 72.00
PD - GL# - 10-210-2110-202131	\$ -
OTH - GL# - 10-210-2110-202131	\$ 22.50
TOTAL	\$ 292.95