

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

CAO Expense Claim Report

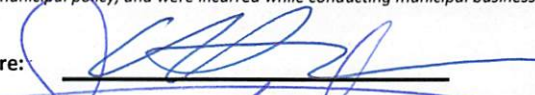

Name: **Glenn Horne (GLE010)** Month/Year January-22
Chief Administrative Officer

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

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.

Signature:  Date: Feb 1/22
 Approved by: 

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	\$ -
TOTAL	\$ -