

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Donnie MacDonald (DON140)

Month/Year

February 2022

OFFICE USE ONLY
Paid by
Municipality

District: 2

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PL)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
Feb. 09/22	Meeting with Glenn, Owen,	16	\$ 7.38				\$ 7.38	
	Hughie C/O Crown Land		\$ -				\$ -	
	Seabright		\$ -				\$ -	
Feb. 09/22	A.A.H.S. C/O T.S.O.C	6	\$ 2.77				\$ 2.77	
Feb.13/22	A.G.M. Mini Trail Community	56	\$ 25.84				\$ 25.84	
	Centre Association		\$ -				\$ -	
Feb.17/22	E.R.S.W.Mgt.Meeting	108	\$ 49.84				\$ 49.84	
Feb. 22/22	Asset Management Meeting	16	\$ 7.38				\$ 7.38	
	Committee of The Whole		\$ -				\$ -	
Feb.23 /22	Joint Council C/O Brighter	10	\$ 4.62				\$ 4.62	
	Community Planning							
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		212	\$ 97.84	\$ -	\$ -	\$ 62.50	\$ 160.34	\$ -

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 2

Signature: 

Date: _____

Approved by: _____

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 97.84
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
TOTAL	\$ 160.34