

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

**Name:** John Dunbar (JOH030)  
**District:** 7

**Month/Year:** February-22

**OFFICE USE ONLY**  
Paid by  
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$)			PROFESSIONAL DEVELOPMENT (\$)	OTHER (\$)	Amount (\$)	AMOUNT
			TRV	MEAL (\$)	ML	PD	OTH		
22-Feb-08	CoW / Council meeting	16	\$ 7.38					\$ 7.38	
22-Feb-10	Arena Board meeting	16	\$ 7.38					\$ 7.38	
22-Feb-22	Asset Mgmt / CoW meeting	16	\$ 7.38					\$ 7.38	
22-Feb-23	Joint Council meeting	19	\$ 8.77					\$ 8.77	
			\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
	Internet						\$ 22.50	\$ 22.50	
	Cell Phone Stipend						\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>67</b>	<b>\$ 30.92</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 93.42</b>	<b>\$ -</b>

TYPES OF EXPENSE
<b>Expense Codes</b>
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
<b>Total per day</b>	<b>\$ 81.00</b>

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 7**  
**Signature:** 

**Date:** \_\_\_\_\_

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

<b>Office Use Only</b>	
TRV - GL# - 10-210-2110-202128	\$ 30.92
ML- GL# - 10-210-2110-202128	\$ -
PD - GL# - 10-210-2110-202128	\$ -
OTH - GL# - 10-210-2110-202128	\$ 62.50
<b>TOTAL</b>	<b>\$ 93.42</b>