

MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: **Mary MacLellan (MAR120)**

Month/Year Oct-22

OFFICE USE ONLY
Paid by
Municipality

District: **1**

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PD)	OTHER OTH (\$)	Amount (\$)	AMOUNT
04-Oct-22	Council/CoW	54.2	\$ 27.71				\$ 27.71	
05-Oct-22	ACALA	47.4	\$ 24.24				\$ 24.24	
05-Oct-22	Municipal office	54.2	\$ 27.71				\$ 27.71	
11-Oct-22	Council	54.2	\$ 27.71				\$ 27.71	
18-Oct-22	meeting with Owen & Glenn	54.2	\$ 27.71				\$ 27.71	
20-Oct-22	Special Council	54.2	\$ 27.71				\$ 27.71	
27-Oct-22	RK MacDonald Meeting	54.2	\$ 27.71				\$ 27.71	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		372.6	\$ 190.51	\$ -	\$ -	\$ 62.50	\$ 253.01	\$ -

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 1

Signature: Mary MacLellan

Date: _____

Approved by: [Signature]

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 190.51
ML- GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 253.01