

MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: **Mary MacLellan (MAR120)**

Month/Year Nov-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
07-Nov-22	Planning	54.2	\$ 27.71				\$ 27.71	
08-Nov-22	Council/CoW	54.2	\$ 27.71				\$ 27.71	
10-Nov-22	Library meeting	47.6	\$ 24.34				\$ 24.34	
15-Nov-22	Special Council	54.2	\$ 27.71				\$ 27.71	
22-Nov-22	CoW/Asset Management	54.2	\$ 27.71				\$ 27.71	
28-Nov-22	Planning	54.2	\$ 27.71				\$ 27.71	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		318.6	\$ 162.90	\$ -	\$ -	\$ 62.50	\$ 225.40	\$ -

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
Approved by: [Signature]
(Municipal CAO/Deputy Clerk/Director)

Date: [Signature]

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 162.90
ML - GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 225.40