

MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: Mary MacLellan (MAR120)

Month/Year Feb.
~~Dec-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
14-Feb-23	Council/CoW	54.2	\$ 27.71					\$ 27.71	
22-Feb-23	ACALA	54.2	\$ 27.71					\$ 27.71	
27-Feb-23	PAC	54.2	\$ 27.71					\$ 27.71	
28-Feb-23	CoW / Asset Management	54.2	\$ 27.71					\$ 27.71	
			\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
	Internet						\$ 22.50	\$ 22.50	
	Cell Phone Stipend						\$ 40.00	\$ 40.00	
TOTAL		216.8	\$ 110.85	\$ -	\$ -	\$ 62.50	\$ 173.35	\$ -	\$ -

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 - \$0.5113/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: _____

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 110.85
ML - GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 173.35