

MUNICIPALITY OF THE COUNTY OF  
**ANTIGONISH**

Staff Expense Claim Report

Name: Glenn Horne Date December-22


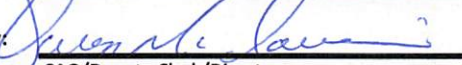
OFFICE USE ONLY  
Paid by  
Municipality

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PD)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
15-Dec-22	Travel to Halifax for DMAH Meeting & Return	432	\$ 220.88				\$ 220.88	\$ 220.88
2-Nov-22	Lunch & Incidental (Parking)		\$ -	\$ 30.00			\$ 30.00	\$ 30.00
								\$ -
								\$ -
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			\$ -				\$ -	\$ -
<b>TOTAL</b>		<b>432</b>	<b>\$ 220.88</b>	<b>\$ 30.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 250.88</b>	<b>\$ 250.88</b>

**TYPES OF EXPENSE:**

Expense Codes
TRAV- Travel -Mileage, Parking, Hotel, Taxi
MEAL - Meal Expenses
PD - Professional Development (training/conference)
OTHE - Other - le-Phone, Internet, Incidentals
Mileage Rate - \$0.5113 KM

Per Diem Rates	
Meal	Per Day
Incidental	\$ 10.00
Breakfast	\$ 15.00
Lunch	\$ 20.00
Dinner	\$ 36.00
Total /day	\$ 81.00

Signature:   
 Approved by:   
 CAO/Deputy Clerk/Director

Date: ~~22 Nov 22~~ Dec. 16

TRV - GL# -	\$ 220.88
ML- GL# -	\$ 30.00
PD - GL# -	\$ -
OTH - GL# -	\$ -
<b>TOTAL</b>	<b>\$ 250.88</b>

10-210-  
2123-201116