

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

Name: **Shawn Brophy (SHA030)**

Month/Year December-22

**OFFICE USE ONLY**  
Paid by  
Municipality

District: **4**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
05-Dec-22	Joint Council	15	\$ 7.67				\$ 7.67	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>15</b>	<b>\$ 7.67</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 70.17</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 - le-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 4  
Signature: Shawn Brophy

Date: April 18/23

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

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 7.67
ML - GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
<b>TOTAL</b>	<b>\$ 70.17</b>