

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Donnie MacDonald (DON140)

Month/Year

February-23

OFFICE USE ONLY
Paid by
Municipality

District: 2

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PL)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
Feb. 06/23	A.A.H.S. Finance Orientation	10	\$ 5.11				\$ 5.11	
	Appleseed		\$ -				\$ -	
Feb. 15/23	Intermin A.A.H.S. Evaluation	10	\$ 5.11				\$ 5.11	
	Report Appleseed		\$ -				\$ -	
Feb. 23/23	E.R.S.W. Mgmt. Meeting	142	\$ 72.60				\$ 72.60	
	Municipal Office Guysborough		\$ -				\$ -	
Feb. 28/23	Asset Management Meeting	16	\$ 8.18				\$ 8.18	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		178	\$ 91.01	\$ -	\$ -	\$ 62.50	\$ 153.51	\$ -

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 2

Signature: _____

Date: Donald MacDonald

Approved by: _____

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 91.01
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
TOTAL	\$ 153.51