

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Donnie MacDonald (DON140) **Month/Year** March-23
District: 2

OFFICE USE ONLY
Paid by
Municipality

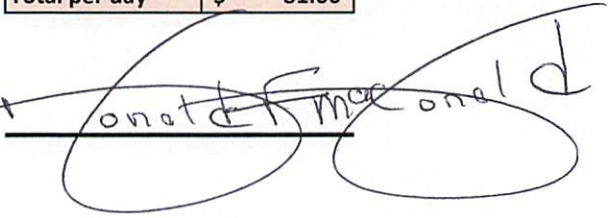
Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PL)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
March 01/23	A.A.H.S. Fundraising Committee	10	\$ 5.11				\$ 5.11	
March 06/23	Antigonish Heritage Museum	12	\$ 6.14				\$ 6.14	
	Board Meeting		\$ -				\$ -	
March 14/23	Regular Municipal Council	16	\$ 8.18				\$ 8.18	
March 15/23	A.A.H.S. Board Meeting	10	\$ 5.11				\$ 5.11	
March 22/23	Joint Town & County Council	10	\$ 5.11				\$ 5.11	
	Meeting		\$ -				\$ -	
March 28/23	Asset Management Meeting	16	\$ 8.18				\$ 8.18	
	Committee Of The Whole		\$ -				\$ -	
March 30/23	E.R.S.W. Mgmt Meeting	142	\$ 72.60				\$ 72.60	
	Municipal Office Guysborough							
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		216	\$ 110.44	\$ -	\$ -	\$ 62.50	\$ 172.94	\$ -

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: _____
Approved by: _____
 (Municipal CAO/Deputy Clerk/Director)

Date: _____


Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 110.44
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
TOTAL	\$ 172.94