

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Harris McNamara (HAR015)

Month/Year: January-23

District: 9

**OFFICE USE ONLY
Paid by Municipality**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
01-Jan-23	New Year Day Levee	86.8	\$ 44.38				\$ 44.38	
10-Jan-23	COW/Council	84.8	\$ 43.36				\$ 43.36	
20-Jan-23	Orientation for RK BOD	87.8	\$ 44.89				\$ 44.89	
24-Jan-23	COW/Asset Management	84.8	\$ 43.36				\$ 43.36	
26-Jan-23	RK Board of Directors Meeting	87.8	\$ 44.89				\$ 44.89	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		432	\$ 220.88	\$ -	\$ -	\$ 62.50	\$ 283.38	\$ -

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 - \$0.4615/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 9

Signature: _____



Date: _____

April 18/2023

Approved by: _____

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202130	\$ 220.88
ML - GL# - 10-210-2110-202130	\$ -
PD - GL# - 10-210-2110-202130	\$ -
OTH - GL# - 10-210-2110-202130	\$ 62.50
TOTAL	\$ 283.38