

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **John Dunbar (JOH030)**

Month/Year: February-23

District: **7**

**OFFICE USE ONLY
Paid by
Municipality**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
06-Feb-23	Heritage Museum Board	17	\$ 8.69				\$ 8.69	
07-Feb-23	Arena Board Meeting	16	\$ 8.18				\$ 8.18	
14-Feb-23	CoW/Council	16	\$ 8.18				\$ 8.18	
27-Feb-23	Planning Advisory	16	\$ 8.18				\$ 8.18	
28-Feb-23	CoW/Asset Management	16	\$ 8.18				\$ 8.18	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		81	\$ 41.42	\$ -	\$ -	\$ 62.50	\$ 103.92	\$ -

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 7
Signature: 

Date: March 20, 2023

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

Office Use Only	
TRV - GL# - 10-210-2110-202128	\$ 41.42
ML - GL# - 10-210-2110-202128	\$ -
PD - GL# - 10-210-2110-202128	\$ -
OTH - GL# - 10-210-2110-202128	\$ 62.50
TOTAL	\$ 103.92