

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: John Dunbar (JOH030)
District: 7

Month/Year: March 2023

**OFFICE USE ONLY
Paid by
Municipality**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
06-Mar-23	Heritage Museum Board meeting	17	\$ 8.69				\$ 8.69	
08-Mar-23	Meeting with Tammy F and Malcom M at HCC	21	\$ 10.74				\$ 10.74	
14-Mar-23	CoW/Council	16	\$ 8.18				\$ 8.18	
22-Mar-23	Joint Council	18	\$ 9.20				\$ 9.20	
28-Mar-23	Asset Mgmt/CoW	16	\$ 8.18				\$ 8.18	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		88	\$ 44.99	\$ -	\$ -	\$ 62.50	\$ 107.49	\$ -

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

Date: Apr 18/23

Office Use Only	
TRV - GL# - 10-210-2110-202128	\$ 44.99
ML - GL# - 10-210-2110-202128	\$ -
PD - GL# - 10-210-2110-202128	\$ -
OTH - GL# - 10-210-2110-202128	\$ 62.50
TOTAL	\$ 107.49