MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: Remi Deveau (REM060) **Month/Year** January-23

District: 5

OFFICE USE ONLY
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL($) TRV	MEAL ($) ML	PROFESSIONAL DEVELOPMENT ($) PD	OTHER ($) OTH	Amount ($)	AMOUNT
Jan 1st	New Years Levee	20	$10.23				$10.23	$ -
Jan 10th	CoW and Council	17	$8.69				$8.69	$ -
Jan 18th	OHS	17	$8.69				$8.69	$ -
Jan 24th	Asset management & CoW	17	$8.69				$8.69	$ -
							$ -	
							$ -	
	Internet					$ 22.50	$ 22.50	
	Cell Phone Stipend					$ 40.00	$ 40.00	
	TOTAL	**71**	**$ 36.30**	**$ -**	**$ -**	**$ 62.50**	**$ 98.80**	**$ -**

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 5
Signature: _____ **Date:** Feb 17th, 2023

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

Office Use Only		
	TRV - GL# - 10-210-2110-202126	$ 36.30
	ML- GL# - 10-210-2110-202126	$ -
	PD - GL# - 10-210-2110-202126	$ -
	OTH - GL# - 10-210-2110-202126	$ 62.50
	TOTAL	**$ 98.80**