

MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: **Shawn Brophy (SHA030)** Month/Year February-23

District: **4**

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
14-Feb-23	Council/CoW	14.4	\$ 7.36				\$ 7.36	
15-Feb-23	RK Meeting by Zoom		\$ -				\$ -	
16-Feb-23	RK Meeting at RK	8	\$ 4.09				\$ 4.09	
23-Feb-23	RK Board Meeting - Beech Hill	14.4	\$ 7.36				\$ 7.36	
28-Feb-23	CoW/Asset Management	14.4	\$ 7.36				\$ 7.36	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		51.2	\$ 26.18	\$ -	\$ -	\$ 62.50	\$ 88.68	\$ -

TYPES OF EXPENSE
Expense Codes
TRV - Travel -Mileage, Parking, Hotel, Taxi
ML - Meal Expenses
PD - Professional Development (training/conference)
OTH - Other - le-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 4
Signature: Shawn Brophy

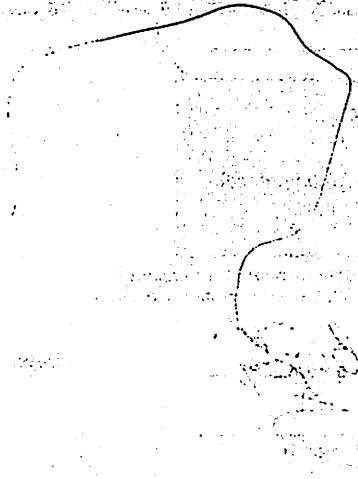
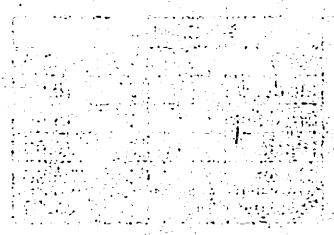
Date: April 18/23

Approved by: [Signature]
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 26.18
ML - GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 88.68

PROBATION DEPARTMENT

NO.	NAME	ADDRESS	REPORT MADE	REMARKS



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