

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Shawn Brophy (SHA030)** Month/Year January-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
10-Jan-23	COW/Council	18.6	\$ 9.51				\$ 9.51	
12-Jan-23	Police Advisory	18.6	\$ 9.51				\$ 9.51	
17-Jan-23	RK MacDonald	12.2	\$ 6.24				\$ 6.24	
24-Jan-23	COW/Asset Management	18.6	\$ 9.51				\$ 9.51	
26-Jan-23	RK MacDonald	12.2	\$ 6.24				\$ 6.24	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		80.2	\$ 41.01	\$ -	\$ -	\$ 62.50	\$ 103.51	\$ -

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 0.5113	

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

Date: April 18/23

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 41.01
ML - GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 103.51