

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

Name: **Harris McNamara (HAR015)**      Month/Year: **April-23**  
 District: **9**

**OFFICE USE ONLY**  
 Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL(\$) ML	PROFESSIONAL	OTHER (\$) OTH	Amount (\$)	AMOUNT
					DEVELOPMENT (\$) PD			
18-Apr-23	Asset Mgmt / Council	84.2	\$ 48.58				\$ 48.58	
25-Apr-23	COW / Asset Mgmt	84.2	\$ 48.58				\$ 48.58	
27-Apr-23	April RK McDonald Regular Mtg	84.2	\$ 48.58				\$ 48.58	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>252.6</b>	<b>\$ 145.75</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 208.25</b>	<b>\$ -</b>

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 - \$0.5770/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 9  
 Signature: James Harris McNamara      Date: May 02 / 2023

Approved by: \_\_\_\_\_  
 (Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GLH - 10-210-2110-202130	\$ 145.75
ML - GLH - 10-210-2110-202130	\$ -
PD - GLH - 10-210-2110-202130	\$ -
OTH - GLH - 10-210-2110-202130	\$ 62.50
<b>TOTAL</b>	<b>\$ 208.25</b>