

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

Name: Remi Deveau (REM060) Month/Year April-23  
 District: 5

**OFFICE USE ONLY**  
Paid by  
Municipality

| Date         | Details of Expense | Km Travelled | TRAVEL(\$)<br>TRV | MEAL (\$) ML | PROFESSIONAL DEVELOPMENT (\$) PD | OTHER (\$) OTH  | Amount (\$)     | AMOUNT      |
|--------------|--------------------|--------------|-------------------|--------------|----------------------------------|-----------------|-----------------|-------------|
|              | Nothing to Claim   |              | \$ -              |              |                                  |                 | \$ -            |             |
|              |                    |              | \$ -              |              |                                  |                 | \$ -            |             |
|              |                    |              | \$ -              |              |                                  |                 | \$ -            |             |
|              |                    |              | \$ -              |              |                                  |                 | \$ -            |             |
|              |                    |              | \$ -              |              |                                  |                 | \$ -            |             |
|              |                    |              | \$ -              |              |                                  |                 | \$ -            |             |
|              |                    |              | \$ -              |              |                                  |                 | \$ -            |             |
|              |                    |              | \$ -              |              |                                  |                 | \$ -            |             |
|              |                    |              | \$ -              |              |                                  |                 | \$ -            |             |
|              | Internet           |              |                   |              |                                  | \$ 22.50        | \$ 22.50        |             |
|              | Cell Phone Stipend |              |                   |              |                                  | \$ 40.00        | \$ 40.00        |             |
| <b>TOTAL</b> |                    | <b>0</b>     | <b>\$ -</b>       | <b>\$ -</b>  | <b>\$ -</b>                      | <b>\$ 62.50</b> | <b>\$ 62.50</b> | <b>\$ -</b> |

| TYPES OF EXPENSE                                    |
|---|
| <b>Expense Codes</b>                                |
| TRV - Travel -Mileage, Parking, Hotel, Taxi         |
| ML - Meal Expenses                                  |
| PD - Professional Development (training/conference) |
| OTH - Other - ie: Phone, Internet, Incidentals      |
| Mileage Rate - \$0.577/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: May 18<sup>th</sup>, 2023

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

| Office Use Only                |                 |
|--------------------------------|-----------------|
| TRV - GL# - 10-210-2110-202126 | \$ -            |
| ML - GL# - 10-210-2110-202126  | \$ -            |
| PD - GL# - 10-210-2110-202126  | \$ -            |
| OTH - GL# - 10-210-2110-202126 | \$ 62.50        |
| <b>TOTAL</b>                   | <b>\$ 62.50</b> |