



**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

**Name:** John Dunbar (JOH030)

**Month/Year:** May-23

OFFICE USE ONLY  
Paid by  
Municipality

**District:** 7

Date	Details of Expense	Km Travelled	TRAVEL (\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
5-Jun-23	Joint Council meeting	18	\$ 10.39				\$ 10.39	
7-Jun-23	Paqtnkek Steering meeting	16	\$ 9.23				\$ 9.23	
13-Jun-23	CoW/Council meeting	16	\$ 9.23				\$ 9.23	
26-Jun-23	Tri-Council meeting	21	\$ 12.12				\$ 12.12	
27-Jun-23	Asset Mgmt/CoW meeting	16	\$ 9.23				\$ 9.23	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>87</b>	<b>\$ 50.20</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 112.70</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
<b>Total per day</b>	<b>\$ 81.00</b>

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 7

Signature: \_\_\_\_\_

*John Dunbar*

Date: \_\_\_\_\_

*July 11/23*

Approved by: \_\_\_\_\_

*[Signature]*  
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202128	\$ 50.20
ML - GL# - 10-210-2110-202128	\$ -
PD - GL# - 10-210-2110-202128	\$ -
OTH - GL# - 10-210-2110-202128	\$ 62.50
<b>TOTAL</b>	<b>\$ 112.70</b>

RECEIVED  
JUL 11 2023  
*[Signature]*