

MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: **Mary MacLellan (MAR120)**

Month/Year Jun-23

OFFICE USE ONLY
Paid by
Municipality

District: **1**

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PD)	OTHER OTH (\$)	Amount (\$)	AMOUNT
05-Jun-23	Joint Council	54.6	\$ 31.50				\$ 31.50	
08-Jun-23	Library NG	105.4	\$ 60.82				\$ 60.82	
12-Jun-23	Planning Advisory	54.6	\$ 31.50				\$ 31.50	
13-Jun-23	Council/CoW	54.6	\$ 31.50				\$ 31.50	
26-Jun-23	Tri Council	39.4	\$ 22.73				\$ 22.73	
27-Jun-23	CoW/Asset Management	54.6	\$ 31.50				\$ 31.50	
28-Jun-23	ACALA	48	\$ 27.70				\$ 27.70	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		411.2	\$ 237.26	\$ -	\$ -	\$ 62.50	\$ 299.76	\$ -

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 1

Signature: Mary MacLellan

Date: _____

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

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 237.26
ML- GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 299.76

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