MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: Donnie MacDonald (DON140) **Month/Year** August-23

District: 2

Date	Details of Expense	Km Travelled	TRAVEL ($) TRV	MEAL ($) ML	PROFESSIONAL DEVELOPMENT ($) PL	OTHER ($) OTH	Amount ($)	OFFICE USE ONLY Paid by Municipality AMOUNT
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
	Internet					$ 22.50	$ 22.50	
	Cell Phone Stipend					$ 40.00	$ 40.00	
	TOTAL	0	$ -	$ -	$ -	$ 62.50	$ 62.50	$ -

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 2

Signature: MacDonald **Date:** Oct 10/23

Approved by:

(Municipal CAO/Deputy Clerk/Director)

Office Use Only		
TRV - GL# - 10-210-2110-202123	$	-
ML- GL# - 10-210-2110-202123	$	-
PD - GL# - 10-210-2110-202123	$	-
OTH - GL# - 10-210-2110-202123	$	62.50
TOTAL	**$**	**62.50**