

## MUNICIPALITY OF THE COUNTY OF

## **Council Expense Claim Report**

Name: Donnie MacDonald (DON140) Month/Year

June-23

OFFICE USE ONLY Paid by Municipality

**AMOUNT** 

District:

PROFESSIONAL **TRAVEL** Km MEAL DEVELOPMENT **OTHER** Travelled (\$) TRV Date **Details of Expense** (\$) ML (\$) PL (\$) OTH Amount (\$) June 05/23 \$ 5.77 Joint Town & County Council 10 \$ 5.77 June 13/23 Committee Of The Whole 16 \$ 9.23 \$ 9.23 Municipal Council Meeting \$ \$ June 20/23 A.A.H.S. Goggle Orientation 10 \$ 5.77 \$ 5.77 \$ June 21/23 A.A.H.S. AGM 10 5.77 \$ 5.77 June 26/23 Joint Council Town & County \$ 58 33.47 \$ 33.47 &Paqtnket C/O Heatherton \$ \$ \$ Area Community Center \$ June 27/23 E.R.S.W. Mgmt Meeting 142 \$ 81.93 \$ 81.93 \$ Municipal Office Guysborough \$ June 27/23 \$ 9.23 Asset Management Meeting 16 \$ 9.23 Committee Of The Whole Internet from May not on May Expenses - didn't carry down to total 22.50 \$ 22.50 \$ \$ 22.50 22.50 Cell Phone Stipend 40.00 40.00 TOTAL 262 151.17 85.00 236.17

TYPES OF EXPENSE	1
Expense Codes	
TRV - Travel -Mileage, Parking, Hotel, Taxi	1916
ML - Meal Expenses	
PD - Professional Development (training/confer	ence)
OTH - Other - ie: Phone, Internet, Incidentals	
Mileage Rate - \$0.5770/KM	

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

(Municipal CAO/Deputy Clerk/Director)

Signature: Approved by:

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 151.17
ML- GL# - 10-210-2110-202123	\$ _
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 85.00
TOTAL	\$ 236.17

Per Diem Rates				
Meal	Rate	Rate per Day		
Incidental	\$	10.00		
Breakfast	\$	15.00		
Lunch	\$	20.00		
Dinner	\$	36.00		
Total per day	\$	81.00		



Date:

