

# MUNICIPALITY OF THE COUNTY OF ANTIGONISH

## Council Expense Claim Report

Name: Gary Mattie (GAR010)

Month/Year: June-23

OFFICE USE ONLY  
Paid by  
Municipality

District: 8

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
05-Jun-23	Joint Council	61	\$ 35.20				\$ 35.20	
13-Jun-23	CoW/Council	61	\$ 35.20				\$ 35.20	
22-Jun-23	Antigonish Community Transit	61	\$ 35.20				\$ 35.20	
26-Jun-23	Tri Council (Heatherton)	34.8	\$ 20.08				\$ 20.08	
27-Jun-23	CoW/Asset Management	61	\$ 35.20				\$ 35.20	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>278.8</b>	<b>\$ 160.87</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 223.37</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 - \$0.5770/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 8

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

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

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

Office Use Only	
TRV - GL# - 10-210-2110-202129	\$ 160.87
ML - GL# - 10-210-2110-202129	\$ -
PD - GL# - 10-210-2110-202129	\$ -
OTH - GL# - 10-210-2110-202129	\$ 62.50
<b>TOTAL</b>	<b>\$ 223.37</b>

RECEIVED  
JUL 12 2023  
*[Handwritten signature]*