

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Gary Mattie (GAR010)

Month/Year: September-23

OFFICE USE ONLY

District: 8

Paid by
Municipality

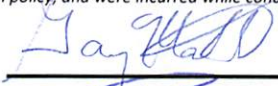
Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
06-Sep-23	RK Meeting	61	\$ 35.20				\$ 35.20	
10-Sep-23	RK Meeting at RK	66.4	\$ 38.31				\$ 38.31	
12-Sep-23	CoW/Council	61	\$ 35.20				\$ 35.20	
20-Sep-23	Transit Meeting	64.8	\$ 37.39				\$ 37.39	
21-Sep-23	Joint Council	68.6	\$ 39.58				\$ 39.58	
25-Sep-23	Town & County Accessible meeting	61	\$ 35.20				\$ 35.20	
25-Sep-23	Boundry Review Meeting	61	\$ 35.20				\$ 35.20	
26-Sep-23	CoW/Asset Management	61	\$ 35.20				\$ 35.20	
27-Sep-23	Heatherton Community center for highway review	32.4	\$ 18.69				\$ 18.69	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		537.2	\$ 309.96	\$ -	\$ -	\$ 62.50	\$ 372.46	\$ -

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 8

Signature: 

Date: _____

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

Office Use Only	
TRV - GL# - 10-210-2110-202129	\$ 309.96
ML- GL# - 10-210-2110-202129	\$ -
PD - GL# - 10-210-2110-202129	\$ -
OTH - GL# - 10-210-2110-202129	\$ 62.50
TOTAL	\$ 372.46