

# MUNICIPALITY OF THE COUNTY OF **ANTIGONISH**

## Council Expense Report

**Name:** Glenn Horne (GLE010)      **Month/Year** September-23  
**Chief Administrative Officer**

Date	Details of Expense	Km Traveled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)
2023-09-19	CAO Roundtable, Halifax	430	\$ 248.11				\$ 248.11
2023-09-19	Lunch, Incidental		\$ -	\$ 30.00			\$ 30.00
2023-09-19	Parking		\$ -			\$ 11.75	\$ 11.75
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
<b>TOTAL</b>		<b>430</b>	<b>\$ 248.11</b>	<b>\$ 30.00</b>	<b>\$ -</b>	<b>\$ 11.75</b>	<b>\$ 289.86</b>

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
<b>Total per day</b>	<b>\$ 81.00</b>

I certify that the amounts claimed in this request are accurate, in accordance with the municipal policy, and were incurred while conducting municipal business.

Signature: 

Date: Oct. 11/23

Approved by: 

Office Use Only	
TRV - GL# - 10-210-2123-201116	\$ 248.11
ML- GL# - 10-210-2123-201116	\$ 30.00
PD - GL# - 10-210-2123-201116	\$ -
OTH - GL# - 10-210-2123-201116	\$ 11.75
<b>TOTAL</b>	<b>\$ 289.86</b>