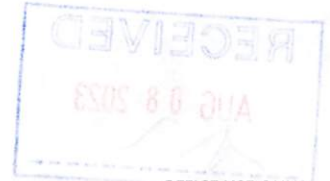


**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report



Name: **Remi Deveau (REM060)** Month/Year July-23
 District: **5**

OFFICE USE ONLY
 Paid by
 Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
July 1st	County Canada Day	20	\$ 11.54				\$ 11.54	
July 1st	Town Canada Day	20	\$ 11.54				\$ 11.54	
July 8th	CoW and council	17	\$ 9.81				\$ 9.81	
July 11th	Heartland Tour	20	\$ 11.54				\$ 11.54	
July 25th	St.Joseph water & Twin Highway	120	\$ 69.24				\$ 69.24	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		197	\$ 113.67	\$ -	\$ -	\$ 62.50	\$ 176.17	\$ -

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 5
 Signature: *Remi Deveau*
 Approved by: *[Signature]*
 (Municipal CAO/Deputy Clerk/Director)

Date: *Sept 12 / 23*

Office Use Only	
TRV - GL# - 10-210-2110-202126	\$ 113.67
ML - GL# - 10-210-2110-202126	\$ -
PD - GL# - 10-210-2110-202126	\$ -
OTH - GL# - 10-210-2110-202126	\$ 62.50
TOTAL	\$ 176.17

RECEIVED
AUG 08 2023