MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: Mary MacLellan (MAR120) **Month/Year** Sep-23

District: 1

Date	Details of Expense	Km Travelled	TRAVEL ($) TRV	MEAL ($) ML	PROFESSIONAL DEVELOPMENT ($) PD	OTHER ($) OTH	Amount ($)	AMOUNT
07-Sep-23	Meeting with Owen and Glenn	54.2	$ 31.27				$ 31.27	
12-Sep-23	Council	54.2	$ 31.27				$ 31.27	
21-Sep-23	Joint Council	54.2	$ 31.27				$ 31.27	
26-Sep-23	CoW	54.2	$ 31.27				$ 31.27	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
	Internet					$ 22.50	$ 22.50	
	Cell Phone Stipend					$ 40.00	$ 40.00	
TOTAL		216.8	$ 125.09	$ -	$ -	$ 62.50	$ 187.59	$ -

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 1 Signature: *Mary Mac Lellan* **Date:** _____

Approved by:

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202111	$ 125.09
ML- GL# - 10-210-2110-202111	$ -
PD - GL# - 10-210-2110-202111	$ -
OTH - GL# - 10-210-2110-202111	$ 62.50
TOTAL	$ 187.59