

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Shawn Brophy (SHA030)**

Month/Year July-23

District: **4**

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$)		MEAL (\$)	ML	PROFESSIONAL	OTHER (\$)	Amount (\$)	AMOUNT
			TRV				DEVELOPMENT (\$)	OTH		
	Noting to claim		\$	-					\$ -	
			\$	-					\$ -	
			\$	-					\$ -	
			\$	-					\$ -	
			\$	-					\$ -	
			\$	-					\$ -	
			\$	-					\$ -	
			\$	-					\$ -	
			\$	-					\$ -	
	Internet							\$ 22.50	\$ 22.50	
	Cell Phone Stipend							\$ 40.00	\$ 40.00	
TOTAL		0	\$	-	\$	-	\$	-	\$ 62.50	\$ 62.50

TYPES OF EXPENSE
Expense Codes
TRV - Travel -Mileage, Parking, Hotel, Taxi
ML - Meal Expenses
PD - Professional Development (training/conference)
OTH - Other - le-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 4
Signature: *Shawn Brophy*

Date: *Aug 21/23*

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

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ -
ML- GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 62.50

RECEIVED
AUG 08 2023



A rectangular blue stamp with a dashed bottom line. The word "RECEIVED" is printed in blue at the top. Below it, the date "AUG 08 2023" is printed in red. A blue ink signature is written across the bottom of the stamp, overlapping the dashed line.