

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: John Dunbar (JOH030)

Month/Year: October-23

OFFICE USE ONLY
Paid by
Municipality

District: **7**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
10-Oct-23	CoW/Council	16	\$ 9.23				\$ 9.23	
11-Oct-23	Arena Board Meeting	19	\$ 10.96				\$ 10.96	
16-Oct-23	Museum Board Meeting	18	\$ 10.39				\$ 10.39	
24-Oct-23	Asset Management/CoW	16	\$ 9.23				\$ 9.23	
25-Oct-23	ICS Training	18	\$ 10.39				\$ 10.39	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		87	\$ 50.20	\$ -	\$ -	\$ 62.50	\$ 112.70	\$ -

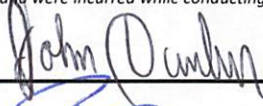
TYPES OF EXPENSE
Expense Codes
TRV - Travel - Mileage, Parking, Hotel, Taxi
ML - Meal Expenses
PD - Professional Development (training/conference)
OTH - Other - ie: Phone, Internet, Incidentals
Mileage Rate - \$0.5770/KM

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 7

Signature: _____



Date: _____

Jan 9/24

Approved by: _____

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202128	\$ 50.20
ML - GL# - 10-210-2110-202128	\$ -
PD - GL# - 10-210-2110-202128	\$ -
OTH - GL# - 10-210-2110-202128	\$ 62.50
TOTAL	\$ 112.70