

MUNICIPALITY OF THE COUNTY OF  
**ANTIGONISH**

**Council Expense Claim Report**

Name: Donnie MacDonald (DON140)

Month/Year October-23

District: **2**

OFFICE USE ONLY  
Paid by  
Municipality

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PL)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
Oct. 10/23	Committee Of The Whole	16	\$ 9.23				\$ 9.23	
	Municipal Council Meeting		\$ -				\$ -	
Oct. 11/23	A.A.H.S. Fundraising Committee	10	\$ 5.77				\$ 5.77	
Oct. 16/23	Antigonish Heritage Museum	12	\$ 6.92				\$ 6.92	
	Board Meeting.		\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>38</b>	<b>\$ 21.93</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 84.43</b>	<b>\$ -</b>

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

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 2

Signature: 

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 21.93
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
<b>TOTAL</b>	<b>\$ 84.43</b>