

MUNICIPALITY OF THE COUNTY OF  
**ANTIGONISH**

**Council Expense Claim Report**

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

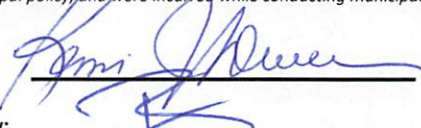

OFFICE USE ONLY  
Paid by  
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
10-Oct-23	CoW/Council (Zoom)						\$ -	
24-Oct-23	Asset Management/CoW	17	\$ 9.81				\$ 9.81	
25-Oct-23	Hospital Help Day	20	\$ 11.54				\$ 11.54	
25-Oct-23	ICSP Session (Emo)	20	\$ 11.54				\$ 11.54	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 25.50	\$ 25.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>57</b>	<b>\$ 32.89</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 65.50</b>	<b>\$ 98.39</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
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:   
 Approved by:   
 (Municipal CAO/Deputy Clerk/Director)

Date: January 9th, 2024

Office Use Only	
TRV - GL# - 10-210-2110-202126	\$ 32.89
ML - GL# - 10-210-2110-202126	\$ -
PD - GL# - 10-210-2110-202126	\$ -
OTH - GL# - 10-210-2110-202126	\$ 65.50
<b>TOTAL</b>	<b>\$ 98.39</b>