

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Shawn Brophy (SHA030)** Month/Year October-23
 District: **4**

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
17-Oct-23	RK Building & Grounds	7.5	\$ 4.33				\$ 4.33	
24-Oct-23	Asset Mngement/CoW	14.4	\$ 8.31				\$ 8.31	
26-Oct-23	RK Board Meeting	14.4	\$ 8.31				\$ 8.31	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		36.3	\$ 20.95	\$ -	\$ -	\$ 62.50	\$ 83.45	\$ -

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

Date: Jan 11/24

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 20.95
ML - GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 83.45