

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Donnie MacDonald (DON140) **Month/Year** December-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
Dec. 06/23	Municipal Housing Needs	16	\$ 9.23				\$ 9.23	
	Report		\$ -				\$ -	
Dec. 07/23	CACL Business Ability Banquet	10	\$ 5.77				\$ 5.77	
Dec. 12/23	Committee Of The Whole	16	\$ 9.23				\$ 9.23	
	Regular Municipal Council		\$ -				\$ -	
Dec. 13/23	Connors Mountain Wind	49	\$ 28.27				\$ 28.27	
	Project Airsaig Community		\$ -				\$ -	
	Centre		\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		91	\$ 52.51	\$ -	\$ -	\$ 62.50	\$ 115.01	\$ -

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 2
Signature: Donnie MacDonald **Date:** Jan 23/24
Approved by: _____
 (Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 52.51
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
TOTAL	\$ 115.01