

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Donnie MacDonald (DON140)

Month/Year

September-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
Sept. 06/23	A.R.E.M.O. Advisory Meeting	16	\$ 9.23				\$ 9.23	
Sept.12/23	Committee Of The Whole	16	\$ 9.23				\$ 9.23	
	Municipal Council Meeting		\$ -				\$ -	
Sept. 20/23	A.A.H.S. Board Meeting	10	\$ 5.77				\$ 5.77	
Sept. 21/23	Town & County Council Meeting	10	\$ 5.77				\$ 5.77	
Sept. 25/23	N.S.Prov.Volunteer Award Hfx.	452	\$ 260.80	\$ 56.00			\$ 316.80	
Sept. 26/23	Asset Mgmt. Meeting	16	\$ 9.23				\$ 9.23	
	Committee Of The Whole		\$ -				\$ -	
	Special Council Meeting		\$ -				\$ -	
Sept. 28/28	E.R.S.W. Mgmt Meeting Guys.	142	\$ 81.93				\$ 81.93	
Sept. 28/23	E.M.O. Training D. Fewer	16	\$ 9.23				\$ 9.23	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		678	\$ 391.21	\$ 56.00	\$ -	\$ 62.50	\$ 509.71	\$ -

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: _____

Approved by: _____

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 391.21
ML- GL# - 10-210-2110-202123	\$ 56.00
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
TOTAL	\$ 509.71