

# MUNICIPALITY OF THE COUNTY OF ANTIGONISH

## Council Expense Claim Report

Name: Remi Deveau (REM060)  
District: 5

Month/Year November-23

OFFICE USE ONLY  
Paid by  
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
07-Nov-23	NSFM	225	\$ 129.83	\$ 56.00		\$ 10.00	\$ 195.83	
08-Nov-23	NSFM		\$ -	\$ 51.00		\$ 10.00	\$ 61.00	
09-Nov-23	NSFM		\$ -	\$ 15.00		\$ 10.00	\$ 25.00	
10-Nov-23	NSFM	225	\$ 129.83	\$ 15.00		\$ 10.00	\$ 154.83	
14-Nov-23	Council/CoW	17	\$ 9.81				\$ 9.81	
15-Nov-23	OHS	17	\$ 9.81				\$ 9.81	
28-Nov-23	Asset Management/CoW	17	\$ 9.81				\$ 9.81	
29-Nov-23	OHS Safety Day	17	\$ 9.81				\$ 9.81	
29-Nov-23	Joint Council	20	\$ 11.54				\$ 11.54	
			\$ -				\$ -	
	Internet						\$ -	
	Cell Phone Stipend						\$ -	
<b>TOTAL</b>		<b>538</b>	<b>\$ 310.43</b>	<b>\$ 137.00</b>	<b>\$ -</b>	<b>\$ 40.00</b>	<b>\$ 487.43</b>	<b>\$ -</b>

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	
<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
<b>Total per day</b>	<b>\$ 81.00</b>

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:

Date: Jan 02/24

Approved by:   
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202126	\$ 310.43
ML - GL# - 10-210-2110-202126	\$ 137.00
PD - GL# - 10-210-2110-202126	\$ -
OTH - GL# - 10-210-2110-202126	\$ 40.00
<b>TOTAL</b>	<b>\$ 487.43</b>