

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Donnie MacDonald (DON140) **Month/Year** April-24
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
April 01/24	Antigonish Heritage Board	12	\$ 7.01				\$ 7.01	
April 02/24	A.A.H.S. Strategic Planning	10	\$ 5.84				\$ 5.84	
April 09/24	Committee Of The Whole	16	\$ 9.34				\$ 9.34	
	Municipal Council Meeting		\$ -				\$ -	
April 17/24	Metting with Glenn Horne & Daryl Myers	16	\$ 9.34				\$ 9.34	
			\$ -				\$ -	
April 23/24	Asset Management Committee	16	\$ 9.34				\$ 9.34	
	Committee Of The Whole		\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		70	\$ 40.87	\$ -	\$ -	\$ 62.50	\$ 103.37	\$ -

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 - \$0.5838/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: Donald F MacDonald **Date:** May 29/24

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

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 40.87
ML- GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
TOTAL	\$ 103.37