

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Gary Mattie (GAR010)

Month/Year: April-24

OFFICE USE ONLY
Paid by
Municipality

District: 8

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
09-Apr-24	Council/CoW	61	\$ 35.61				\$ 35.61	
16-Apr-24	RK MacDonald Grounds	69.2	\$ 40.40				\$ 40.40	
22-Apr-24	Municipal office	61	\$ 35.61				\$ 35.61	
23-Apr-24	CoW/Asset Management	61	\$ 35.61				\$ 35.61	
25-Apr-24	RK MacDonald meeting	61	\$ 35.61				\$ 35.61	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		313.2	\$ 182.85	\$ -	\$ -	\$ 62.50	\$ 245.35	\$ -

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 8
Signature: 

Date: _____

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

Office Use Only	
TRV - GL# - 10-210-2110-202129	\$ 182.85
ML - GL# - 10-210-2110-202129	\$ -
PD - GL# - 10-210-2110-202129	\$ -
OTH - GL# - 10-210-2110-202129	\$ 62.50
TOTAL	\$ 245.35