

MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: **Harris McNamara (HAR015)** Month/Year: **April-24**
District: **9**

OFFICE USE ONLY
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$)		MEAL (\$)	ML	PROFESSIONAL DEVELOPMENT (\$)	OTHER (\$)		Amount (\$)	AMOUNT	
			TRV				PD	OTH				
04-Apr-24	RK BOD Meeting	79.8	\$	46.59						\$ 46.59		
09-Apr-24	COW & Council Meetings	79.8	\$	46.59						\$ 46.59		
12-Apr-24	KPMG Required Trng for BOD	81.8	\$	47.75						\$ 47.75		
22-Apr-24	Executive Meeting RK	81.8	\$	47.75						\$ 47.75		
23-Apr-24	Asset Management & COW	79.8	\$	46.59						\$ 46.59		
25-Apr-24	RK Board Meeting	79.8	\$	46.59						\$ 46.59		
			\$	-						\$ -		
			\$	-						\$ -		
			\$	-						\$ -		
			\$	-						\$ -		
	Internet							\$	22.50	\$ 22.50		
	Cell Phone Stipend							\$	40.00	\$ 40.00		
TOTAL		482.8	\$	281.86	\$	-	\$	-	\$	62.50	\$ 344.36	\$ -

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 9
Signature: *Harris McNamara*

Date: *May 15/24*

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

Office Use Only	
TRV - GL# - 10-210-2110-202130	\$ 281.86
ML - GL# - 10-210-2110-202130	\$ -
PD - GL# - 10-210-2110-202130	\$ -
OTH - GL# - 10-210-2110-202130	\$ 62.50
TOTAL	\$ 344.36