

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

Name: **Bill MacFarlane (BIL210)**

Month/Year: February-24

District: **10**

OFFICE USE ONLY  
Paid by  
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$)		PROFESSIONAL DEVELOPMENT (\$)		OTHER (\$)		Amount (\$)	AMOUNT
			TRV	MEAL (\$)	ML	PD	OTH			
27-Feb-24	HALIFAX	219	\$ 126.36	\$ 20.00					\$ 146.36	
28-Feb-24	RETURN	219	\$ 126.36	\$ 15.00					\$ 141.36	
				\$ 56.00						
			\$ -						\$ -	
	Internet									
<b>TOTAL</b>		<b>438</b>	<b>\$ 252.72</b>	<b>\$ 91.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 287.72</b>	<b>\$ -</b>

TYPES OF EXPENSE
<b>Expense Codes</b>
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
<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 **10**

Signature: 

Date: 2024-04-07

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

Office Use Only	
TRV - GL# - 10-210-2110-202131	\$ 252.72
ML - GL# - 10-210-2110-202131	\$ 91.00
PD - GL# - 10-210-2110-202131	\$ -
OTH - GL# - 10-210-2110-202131	\$ -
<b>TOTAL</b>	<b>\$ 343.72</b>