

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

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



OFFICE USE ONLY
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$)		MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$)		OTHER (\$) OTH	Amount (\$)	AMOUNT
			TRV			PD				
13-Feb-24	Asset Management	79.8	\$ 46.04						\$ 46.04	
20-Feb-24	RK Board Maeting	79.8	\$ 46.04						\$ 46.04	
			\$ -						\$ -	
			\$ -						\$ -	
			\$ -						\$ -	
			\$ -						\$ -	
			\$ -						\$ -	
			\$ -						\$ -	
	Internet							\$ 22.50	\$ 22.50	
	Cell Phone Stipend							\$ 40.00	\$ 40.00	
TOTAL		159.6	\$ 92.09	\$ -	\$ -	\$ -	\$ 62.50	\$ 154.59	\$ -	\$ -

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 - \$0.5770/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: 
 Approved by: 
 (Municipal CAO/Deputy Clerk/Director)

Date: March 04/2024

Office Use Only	
TRV - GL# - 10-210-2110-202130	\$ 92.09
ML - GL# - 10-210-2110-202130	\$ -
PD - GL# - 10-210-2110-202130	\$ -
OTH - GL# - 10-210-2110-202130	\$ 62.50
TOTAL	\$ 154.59

