

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Mary MacLellan (MAR120)

Month/Year Jan-24

OFFICE USE ONLY

District: 1

Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PD)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
08-Jan-24	Planning Advisory	54.2	\$ 31.27				\$ 31.27	
09-Jan-24	Council/CoW	54.2	\$ 31.27				\$ 31.27	
23-Jan-24	CoW/Asset Management	54.2	\$ 31.27				\$ 31.27	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		162.6	\$ 93.82	\$ -	\$ -	\$ 62.50	\$ 156.32	\$ -

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 1

Signature: Mary MacLellan

Date: _____

Approved by: _____

by: _____

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 93.82
ML - GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 156.32

District 1

https://straitit.sharepoint.com/sites/AC-OG-ADMIN/Shared Documents/3100 Accounts Management - Accounts Payable/3100-60 Travel Expenses Case Files/Councillor Expense Claims/Individual Expense Claim Forms/District 1_Mary MacLellan/2024/#1_January