

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Bill MacFarlane (BIL210)**

Month/Year: March-24

District: **10**

OFFICE USE ONLY
Paid by
Municipality


Date	Details of Expense	Km Travelled	TRAVEL(\$)		PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$)		Amount (\$)	AMOUNT
			TRV	MEAL (\$) ML		OTH			
04-Mar-24	RED CHAMBER			\$ 54.00				\$ 54.00	
			\$ -					\$ -	
			\$ -					\$ -	
	Internet								
TOTAL		0	\$ -	\$ 54.00	\$ -			\$ 54.00	\$ -

TYPES OF EXPENSE	
Expense Codes	
TRV - Travel - Mileage, Parking, Hotel, Taxi	
ML - Meal Expenses	
PD - Professional Development (training/conference)	
OTH - Other - le-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 10

Signature: 

Date: 2024-04-07

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

Office Use Only	
TRV - GL# - 10-210-2110-202131	\$ -
ML - GL# - 10-210-2110-202131	\$ 54.00
PD - GL# - 10-210-2110-202131	\$ -
OTH - GL# - 10-210-2110-202131	\$ -
TOTAL	\$ 54.00