

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

**Name:** Donnie MacDonald (DON140)      **Month/Year** March-24  
**District:** 2

**OFFICE USE ONLY**  
Paid by  
Municipality

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PL)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
March 04/24	Antigonish Museum Board	12	\$ 6.92				\$ 6.92	
March 10/24	A.A.H.S. Strategic Planning Session	10	\$ 5.77				\$ 5.77	
			\$ -				\$ -	
March 13/24	A.A.H.S. Fundraising Committee	10	\$ 5.77				\$ 5.77	
March 26/24	Asset Management Committee	16	\$ 9.23				\$ 9.23	
	Committee Of The Whole		\$ -				\$ -	
March 27/24	EPR Program Jeff Mac Callum	16	\$ 9.23				\$ 9.23	
	Circular Materials		\$ -				\$ -	
March 28/24	E.R.S.W. Mgmt Meeting	142	\$ 81.93				\$ 81.93	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>206</b>	<b>\$ 118.86</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 181.36</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
<b>Mileage Rate - \$0.5770/KM</b>

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 2  
**Signature:** Donnie MacDonald      **Date:** April 23/24  
**Approved by:** [Signature]  
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 118.86
ML- GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
<b>TOTAL</b>	<b>\$ 181.36</b>