

MUNICIPALITY OF THE COUNTY OF  
**ANTIGONISH**

Council Expense Claim Report

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

OFFICE USE ONLY  
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
07-Mar-24	RK Board of Directors Meeting	79.8	\$ 46.04				\$ 46.04	
12-Mar-24	COW / Asset Management	79.8	\$ 46.04				\$ 46.04	
18-Mar-24	RK Executive Meeting	81.8	\$ 47.20				\$ 47.20	
							\$ -	
25-Mar-24	RK Building Design Update	81.8	\$ 47.20				\$ 47.20	
26-Mar-24	Asset Management & COW	79.8	\$ 46.04				\$ 46.04	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>403</b>	<b>\$ 232.53</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 295.03</b>	<b>\$ -</b>

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: 

Date: April 13, 2024

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

Office Use Only	
TRV - GL# - 10-210-2110-202130	\$ 232.53
ML - GL# - 10-210-2110-202130	\$ -
PD - GL# - 10-210-2110-202130	\$ -
OTH - GL# - 10-210-2110-202130	\$ 62.50
<b>TOTAL</b>	<b>\$ 295.03</b>

