

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **John Dunbar (JOH030)**

Month/Year: March-24

OFFICE USE ONLY
Paid by
Municipality

District: **7**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
26-Mar-24	Asset Mgmt / CoW	16	\$ 9.23				\$ 9.23	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		16	\$ 9.23	\$ -	\$ -	\$ 62.50	\$ 71.73	\$ -

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 7
Signature: John Dunbar

Date: Apr 23/24

Approved by: [Signature]
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202128	\$ 9.23
ML - GL# - 10-210-2110-202128	\$ -
PD - GL# - 10-210-2110-202128	\$ -
OTH - GL# - 10-210-2110-202128	\$ 62.50
TOTAL	\$ 71.73