

MUNICIPALITY OF THE COUNTY OF ANTIGONISH

Council Expense Claim Report

Name: **Mary MacLellan (MAR120)**

Month/Year May-24

OFFICE USE ONLY
Paid by
Municipality

District: **1**

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PD)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
08-May-24	ACALA	47.4	\$ 27.67				\$ 27.67	
14-May-24	Council/CoW	55.4	\$ 32.34				\$ 32.34	
21-May-24	Maryvale Fire Hall (county windmills)	14	\$ 8.17				\$ 8.17	
22-May-24	ACALA	47.4	\$ 27.67				\$ 27.67	
27-May-24	CACL	48.2	\$ 28.14				\$ 28.14	
29-May-24	Special Council	55.4	\$ 32.34				\$ 32.34	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		267.8	\$ 156.34	\$ -	\$ -	\$ 62.50	\$ 218.84	\$ -

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 - \$0.5838/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: [Signature]
(Municipal CAO/Deputy Clerk/Director)

Office Use Only		
TRV - GL# - 10-210-2110-202111	\$	156.34
ML - GL# - 10-210-2110-202111	\$	-
PD - GL# - 10-210-2110-202111	\$	-
OTH - GL# - 10-210-2110-202111	\$	62.50
TOTAL	\$	218.84