

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

Name: Gary Mattie (GAR010)

Month/Year: May-24

District: 8

**OFFICE USE ONLY**  
Paid by  
Municipality

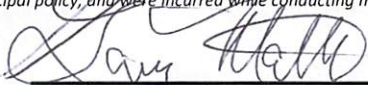
Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
14-May-24	Council/CoW	62.4	\$ 36.43				\$ 36.43	
16-May-24	Accessibility meeting club 60	65.8	\$ 38.41				\$ 38.41	
29-May-24	Special Council	62.4	\$ 36.43				\$ 36.43	
30-May-24	Rk Meeting at county office.	62.4	\$ 36.43				\$ 36.43	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>253</b>	<b>\$ 147.70</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 210.20</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
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 8

Signature: 

Date: \_\_\_\_\_

Approved by: 

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202129	\$ 147.70
ML- GL# - 10-210-2110-202129	\$ -
PD - GL# - 10-210-2110-202129	\$ -
OTH - GL# - 10-210-2110-202129	\$ 62.50
<b>TOTAL</b>	<b>\$ 210.20</b>