

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **John Dunbar (JOH030)**
District: **7**

Month/Year: May-24

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
06-May-24	Heritage Museum board meeting	18	\$ 10.51				\$ 10.51	
May 8-10	NSFM conference	263	\$ 153.54				\$ 153.54	
May 8-10	Incidentals		\$ -			\$ 30.00	\$ 30.00	
May 8-9	Supper		\$ -	\$ 72.00			\$ 72.00	
May 9-10	Breakfast			\$ 30.00			\$ 30.00	
10-May-24	Lunch			\$ 20.00			\$ 20.00	
14-May-24	Cow/Council meeting	16	\$ 9.34				\$ 9.34	
29-May-24	Special Council meeting	16	\$ 9.34				\$ 9.34	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		313	\$ 182.73	\$ 122.00	\$ -	\$ 92.50	\$ 397.23	\$ -

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 7
Signature: John Dunbar

Date: June 25/24

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

Office Use Only	
TRV - GL# - 10-210-2110-202128	\$ 182.73
ML - GL# - 10-210-2110-202128	\$ 122.00
PD - GL# - 10-210-2110-202128	\$ -
OTH - GL# - 10-210-2110-202128	\$ 92.50
TOTAL	\$ 397.23