

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Gary Mattie (GAR010)

Month/Year: January-24

OFFICE USE ONLY
Paid by
Municipality

District: 8

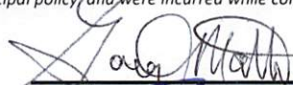
Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
08-Jan-24	Meeting with Glenn (dog control)	62.4	\$ 36.43				\$ 36.43	
24-Jan-24	Affordable housing meeting	56	\$ 32.69				\$ 32.69	
25-Jan-24	RK Meeting at County office	62.4	\$ 36.43				\$ 36.43	
26-Jan-24	transit meeting at mall	65.2	\$ 38.06				\$ 38.06	
29-Jan-24	transit meeting at county	62.4	\$ 36.43				\$ 36.43	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		308.4	\$ 180.04	\$ -	\$ -	\$ 62.50	\$ 242.54	\$ -

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 8

Signature: 

Date: _____

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

Office Use Only	
TRV - GL# - 10-420-4230-420011	\$ 180.04
ML - GL# - 10-420-4230-420011	\$ -
PD - GL# - 10-420-4230-420011	\$ -
OTH - GL# - 10-420-4230-420011	\$ 62.50
TOTAL	\$ 242.54

10-420-4230-420011