

MUNICIPALITY OF THE COUNTY OF  
**ANTIGONISH**

**Council Expense Claim Report**

Name: **Bill MacFarlane (BIL210)**  
District: **10**

Month/Year: June-24

OFFICE USE ONLY  
Paid by  
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
06/05/2024	Travel	149	\$ 86.99				\$ 86.99	
06/06/2024	Dinner/Incidental		\$ -	\$ 46.00			\$ 46.00	
06/07/2024	Dinner		\$ -	\$ 36.00			\$ 36.00	
06/08/2024	Dinner		\$ -	\$ 36.00			\$ 36.00	
06/09/2024	Breakfast/lunch/dinner		\$ -	\$ 71.00			\$ 71.00	
06/09/2024	Flight		\$ -			\$ 939.31	\$ 939.31	
06/0920024	Wandas retirement dinner - Port Hawkesbury	112	\$ 65.39				\$ 65.39	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
<b>TOTAL</b>		<b>261</b>	<b>\$ 152.37</b>	<b>\$ 189.00</b>	<b>\$ -</b>	<b>\$ 961.81</b>	<b>\$ 1,303.18</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 - le-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 10

Signature: 

Date: July 11 24

Approved by:

  
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202131	\$ 152.37
ML - GL# - 10-210-2110-202131	\$ 189.00
PD - GL# - 10-210-2110-202131	\$ -
OTH - GL# - 10-210-2110-202131	\$ 961.81
<b>TOTAL</b>	<b>\$ 1,303.18</b>