

MUNICIPALITY OF THE COUNTY OF  
**ANTIGONISH**

**Council Expense Claim Report**

Name: **Mary MacLellan (MAR120)**

Month/Year Jun-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
03-Jun-24	PAC	55.4	\$ 32.34				\$ 32.34	
11-Jun-24	Council/CoW	55.4	\$ 32.34				\$ 32.34	
13-Jun-24	Library meeting NG	105.4	\$ 61.53				\$ 61.53	
19-Jun-24	ACALA	47.4	\$ 27.67				\$ 27.67	
25-Jun-24	CoW/Asset Management	55.4	\$ 32.34				\$ 32.34	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>319</b>	<b>\$ 186.23</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 248.73</b>	<b>\$ -</b>

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: July 22, 2024

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

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 186.23
ML - GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
<b>TOTAL</b>	<b>\$ 248.73</b>

District 1