

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Donnie MacDonald (DON140) **Month/Year** June-24
District: 2

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PL)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
June 03/24	A.A.H.S. Board Meeting	10	\$ 5.84				\$ 5.84	
June 11/24	Committee Of The Whole	16	\$ 9.34				\$ 9.34	
	Municipal Council Meeting		\$ -				\$ -	
June 19/24	A.A.H.S. A.G.M.	10	\$ 5.84				\$ 5.84	
June 25/24	Asset Management Meeting	16	\$ 9.34				\$ 9.34	
	Committee Of The Whole		\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		52	\$ 30.36	\$ -	\$ -	\$ 62.50	\$ 92.86	\$ -

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 2
Signature: July 22 2024
Approved by: _____
 (Municipal CAO/Deputy Clerk/Director)

Date: July 22 2024

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 30.36
ML- GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
TOTAL	\$ 92.86