

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

**Name:** Donnie MacDonald (DON140)      **Month/Year** August-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
Aug. 01/24	A.A.H.S Tenant Selecton Sub	6	\$ 3.50				\$ 3.50	
	Committee		\$ -				\$ -	
AUG. 27/24	The Maples Retirement Living	16	\$ 9.34				\$ 9.34	
	S. Smith meeting Waren Mc		\$ -				\$ -	
	Carron, Deputy Warden Mac		\$ -				\$ -	
	Farlane, Acting CAO Shirlyn		\$ -				\$ -	
	Donavan & Myself		\$ -				\$ -	
Aug. 29/24	Funding announcement Sean	10	\$ 5.84				\$ 5.84	
	Fraser AAHS Appleseed Drive						\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>32</b>	<b>\$ 18.68</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 81.18</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 - 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:**   
**Approved by:** \_\_\_\_\_  
 (Municipal CAO/Deputy Clerk/Director)

**Date:** Sept 24/24

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 18.68
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
<b>TOTAL</b>	<b>\$ 81.18</b>

RECEIVED  
SEP 19 2024  
*[Signature]*