

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

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

RECEIVED
 OFFICE USE ONLY
 Paid by
 Municipality

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PL)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
July 02/24	Public Hearing	16	\$ 9.34				\$ 9.34	
	Committee Of The Whole		\$ -				\$ -	
July 04/24	A.A.H.S. Tenant Seleccion Over	6	\$ 3.50				\$ 3.50	
	sight Committee Meeting		\$ -				\$ -	
July 08/24	A.A.H.S. Tenant Selection Sub	6	\$ 3.50				\$ 3.50	
	Committee Meeting		\$ -				\$ -	
July 22/24	A.A.H.S. Tenant Selection Sub	6	\$ 3.50				\$ 3.50	
	Committee Meeting		\$ -				\$ -	
July 24/24	A.A.H.S. Tenant Selection Sub	6	\$ 3.50				\$ 3.50	
	Committee Meeting		\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		40	\$ 23.35	\$ -	\$ -	\$ 62.50	\$ 85.85	\$ -

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: Donnie MacDonald
Approved by: _____
 (Municipal CAO/Deputy Clerk/Director)

Date: Sept 24/24

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 23.35
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
TOTAL	\$ 85.85

RECEIVED
SEP 19 2024

