

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Mary MacLellan (MAR120)**

Month/Year Jul-24

District: **1**

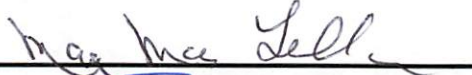

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL (\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
01-Jul-24	canada day service	48.6	\$ 28.37				\$ 28.37	
02-Jul-24	CoW	55.4	\$ 32.34				\$ 32.34	
05-Jul-24	Council	55.4	\$ 32.34				\$ 32.34	
22-Jul-24	RK MacDonald	47.6	\$ 27.79				\$ 27.79	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		207	\$ 120.85	\$ -	\$ -	\$ 62.50	\$ 183.35	\$ -

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: 
Approved by: 
(Municipal CAO/Deputy Clerk/Director)

Date: _____

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 120.85
ML- GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 183.35