

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Report

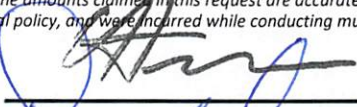

Name: **Glenn Horne (GLE010)** Month/Year June-24
Municipal Clerk/Treasurer

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)
	Nothing to claim		\$ -				\$ -
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TOTAL		0	\$ -	\$ -	\$ -	\$ -	\$ -

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.

Signature: 
 Approved by: 

Date: Oct 8 / 2024

Office Use Only	
TRV - GL# - 10-210-2123-201116	\$ -
ML - GL# - 10-210-2123-201116	\$ -
PD - GL# - 10-210-2123-201116	\$ -
OTH - GL# - 10-210-2123-201116	\$ -
TOTAL	\$ -