

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

**Name:** Donnie MacDonald (DON140)

**Month/Year** September-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
Sept. 10/24	Committee Of The Whole	16	\$ 9.34				\$ 9.34	
	Regula Municipal Council		\$ -				\$ -	
Sept. 24/24	Asset Mgmt. Meeting	16	\$ 9.34				\$ 9.34	
	Committee Of The Whole		\$ -				\$ -	
Sept. 26/24	E.R.S.W. Mgmt Meeting	108	\$ 63.05				\$ 63.05	
	Guysborough		\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>140</b>	<b>\$ 81.73</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 144.23</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:** Donald MacDonald **Date:** Oct 8 / 24

**Approved by:** Shirley Donica  
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 81.73
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
<b>TOTAL</b>	<b>\$ 144.23</b>