

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Mary MacLellan (MAR120)

Month/Year Sep-24

OFFICE USE ONLY
Paid by
Municipality

District: 1

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PD)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
06-Sep-24	CAO Interviews	54.4	\$ 31.76				\$ 31.76	
10-Sep-24	CoW/Council	54.4	\$ 31.76				\$ 31.76	
12-Sep-24	Library - Antigonish	54.4	\$ 31.76				\$ 31.76	
24-Sep-24	CoW/Asset Management	54.4	\$ 31.76				\$ 31.76	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		217.6	\$ 127.03	\$ -	\$ -	\$ 62.50	\$ 189.53	\$ -

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: Mary MacLellan
Approved by: [Signature]
 (Municipal CAO/Deputy Clerk/Director)

Date: Oct. 8 2024

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 127.03
ML- GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 189.53