

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Report

Name: **Shirlyn Donovan (SHI130)** Month/Year August-24
Municipal Clerk/Treasurer

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 OFFICE USE ONLY
 Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
2024-08-28	Travel to Pictou County Wellness Centre for EMO Regional Planning Meeting	120	\$ 70.06				\$ 70.06	
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TOTAL		120	\$ 70.06	\$ -	\$ -	\$ -	\$ 70.06	\$ -

TYPES OF EXPENSE:	
Expense Codes	
TRV - Travel - Mileage, Parking, Hotel, Taxi	
ML - Meal Expenses	
PD - Professional Development (training/conference)	
OTH - Other - le-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: *Shirlyn Donovan*
 Approved by: *[Signature]*

Date: Sept. 16 2024

Office Use Only	
TRV - GL# - 10-210-2123-201116	\$ 70.06
ML - GL# - 10-210-2123-201116	\$ -
PD - GL# - 10-210-2123-201116	\$ -
OTH - GL# - 10-210-2123-201116	\$ -
TOTAL	\$ 70.06

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SEP 19 2024
[Signature]