

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

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12 SEP 2024  
**OFFICE USE ONLY**  
Paid by  
Municipality

**Name:** Gary Mattie (GAR010)

**Month/Year:** August-24

**District:** 8

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
01-Aug-24	Pick up at Municipal office	62.6	\$ 36.55				\$ 36.55	
09-Aug-24	Transit Interviews at Municipal office	62.6	\$ 36.55				\$ 36.55	
16-Aug-24	Pick up at Municipal office	62.6	\$ 36.55				\$ 36.55	
20-Aug-24	Meeting with Denise Dunn	62.6	\$ 36.55				\$ 36.55	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>250.4</b>	<b>\$ 146.18</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 208.68</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 8

Signature: 

Date: \_\_\_\_\_

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

Office Use Only	
TRV - GL# - 10-210-2110-202129	\$ 146.18
ML- GL# - 10-210-2110-202129	\$ -
PD - GL# - 10-210-2110-202129	\$ -
OTH - GL# - 10-210-2110-202129	\$ 62.50
<b>TOTAL</b>	<b>\$ 208.68</b>

RECEIVED  
OCT 05 2024  
*[Signature]*