

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Gary Mattie (GAR010)

Month/Year: July-24

District: 8



Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
01-Jul-24	Canada Day Celebration	71	\$ 41.45				\$ 41.45	
02-Jul-24	Council	62.6	\$ 36.55				\$ 36.55	
05-Jul-24	Meeting with Tammy and Maria	62.6	\$ 36.55				\$ 36.55	
09-Jul-24	meeting with Tammy & Cory - accessible bathroom	62.6	\$ 36.55				\$ 36.55	
15-Jul-24	Council by zoom		\$ -				\$ -	
19-Jul-24	Pick up at Municipal office	62.6	\$ 36.55				\$ 36.55	
22-Jul-24	RK announcement	69.4	\$ 40.52				\$ 40.52	
24-Jul-24	Pick up at Municipal office	62.6	\$ 36.55				\$ 36.55	
30-Jul-24	Transit interviews - Municipal office.	62.6	\$ 36.55				\$ 36.55	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		516	\$ 301.24	\$ -	\$ -	\$ 62.50	\$ 363.74	\$ -

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 8

Signature: 

Date: _____

Approved by: _____

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202129	\$ 301.24
ML- GL# - 10-210-2110-202129	\$ -
PD - GL# - 10-210-2110-202129	\$ -
OTH - GL# - 10-210-2110-202129	\$ 62.50
TOTAL	\$ 363.74

RECEIVED
OCT 05 2024