MUNICIPALITY OF THE COUNTY OF ANTIGONISH

Council Expense Claim Report

Name: Harris McNamara (HAR015) Month/Year: District: 9

OFFICE USE ONLY
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$)	Amount (\$)	AMOUNT
july 15,2024	Counneil Mtg / In Camara	79.8	\$ 46.59				\$ 46.59	
uly 01,2024	Canada Day Event	81.9	\$ 47.81					
22 1. 1.24	DIV.						\$ 47.81	
	RK announcement new building	81.8	\$ 47.75				\$ 47.75	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
Cell Phone Stipend								
	TOTAL	243.5	\$ 142.16	5 -		A STATE OF THE PARTY NAMED IN	\$ 40.00 \$ 204.66	\$ -

July 2-2024

	Funence Co. I
	Expense Codes
TRV - Travel -M	ileage, Parking, Hotel, Taxi
ML - Meal Expe	nses
PD - Profession	al Development (training/conference)
OTH - Other - ie	: Phone, Internet, Incidentals
Mileage Rate - :	\$0.5838/KM

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 9 Signature:

Approved by:

(Municipal CAO/Deputy Clerk/Director)

Date:

Per Diem Rates

Rate per Day

Meal

Office Use Only		
TRV - GL# - 10-210-2110-202130	\$	142.16
ML- GL# - 10-210-2110-202130	\$	
PD - GL# - 10-210-2110-202130	5	
OTH - GL# - 10-210-2110-202130	\$	62.50
TOTAL	\$	204.66