

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

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OFFICE USE ONLY
Paid by
Municipality

Name: Gary Mattie (GAR010)

Month/Year: September-24

District: 8

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
04-Sep-24	RK AGM meeting	69.4	\$ 40.52				\$ 40.52	
10-Sep-24	Council meeting	62.6	\$ 36.55				\$ 36.55	
26-Sep-24	RK Meeting at municipal office	62.6	\$ 36.55				\$ 36.55	
			\$ -				\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		194.6	\$ 113.61	\$ -	\$ -	\$ 62.50	\$ 176.11	\$ -

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	\$ 113.61
ML- GL# - 10-210-2110-202129	\$ -
PD - GL# - 10-210-2110-202129	\$ -
OTH - GL# - 10-210-2110-202129	\$ 62.50
TOTAL	\$ 176.11

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OCT 05 2024