

MUNICIPALITY OF THE COUNTY OF  
**ANTIGONISH**

Council Expense Claim Report

Name: Harris McNamara (HAR015)

Month/Year: September-24

District: 9

OFFICE USE ONLY  
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
10-Sep-24	RK BOD Meeting	79.8	\$ 46.59				\$ 46.59	
24-Sep-24	Asset Management & COW	79.8	\$ 46.59				\$ 46.59	
23-Sep-24	RK Excutive Committee	81.8	\$ 47.75				\$ 47.75	
26-Sep-24	RK BOD Meeting	81.8	\$ 47.75				\$ 47.75	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>323.2</b>	<b>\$ 188.68</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 251.18</b>	<b>\$ -</b>

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
<b>Total per day</b>	<b>\$ 81.00</b>

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: 

Date: Oct 04/24

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

Office Use Only	
TRV - GL# - 10-210-2110-202130	\$ 188.68
ML - GL# - 10-210-2110-202130	\$ -
PD - GL# - 10-210-2110-202130	\$ -
OTH - GL# - 10-210-2110-202130	\$ 62.50
<b>TOTAL</b>	<b>\$ 251.18</b>