

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

**Name:** Mary MacLellan (MAR120)

**Month/Year** Nov-24

**OFFICE USE ONLY**  
Paid by  
Municipality

**District:** 1

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PD)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
12-Nov-24	Council/CoW/Swearing in	54.4	\$ 31.76				\$ 31.76	
21-Nov-24	Tech at county office	54.4	\$ 31.76				\$ 31.76	
22-Nov-24	ACALA	47.4	\$ 27.67				\$ 27.67	
25-Nov-24	CoW/Asset Management	54.4	\$ 31.76				\$ 31.76	
26-Nov-24	ACALA Special meeting	47.4	\$ 27.67				\$ 27.67	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>258</b>	<b>\$ 150.62</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 213.12</b>	<b>\$ -</b>

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 1**

**Signature:** 

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

**Approved by:** 

*(Municipal CAO/Deputy Clerk/Director)*

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 150.62
ML - GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
<b>TOTAL</b>	<b>\$ 213.12</b>