

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Mary MacLellan (MAR120)**

Month/Year Jan-25

**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
07-Jan-25	Special Council	54.4	\$ 31.76				\$ 31.76	
14-Jan-25	Council/CoW	54.4	\$ 31.76				\$ 31.76	
20-Jan-25	Planning Advisory	54.4	\$ 31.76				\$ 31.76	
21-Jan-25	Active Transportation	54.4	\$ 31.76				\$ 31.76	
22-Jan-25	ACALA	47.4	\$ 27.67				\$ 27.67	
28-Jan-25	Tourism meeting	48.4	\$ 28.26				\$ 28.26	
Manuary 28	CoW/ Asset Management	54.4	\$ 31.76				\$ 31.76	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		367.8	\$ 214.72	\$ -	\$ -	\$ 62.50	\$ 277.22	\$ -

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 1

Signature: Mary MacLellan Date: _____

Approved by: [Signature]
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 214.72
ML- GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 277.22

RECEIVED
FEB 19 2025