ANTIGONISH

Council Expense Claim Report

Name: Adam Baden-Clay

District:

Month/Year

December-24

OFFICE USE ONLY
Paid by
Municipality

		PROFESSIONAL								
		Km	TRAVE	MEAL	DEVELOPMENT	ОТ	HER			AMOUNT
Date	Details of Expense	Travelled	(\$) TR\		(\$) PL			Amo	ount (\$)	AMOUNT
Date	Details of Expense	Travellea	(\$) 111	(\$) 1012	(7)12	(4)	0111	AIIIC	June (3)	
03-Dec-24	County senior staff presentations	17.2	\$ 10.	04				\$	10.04	
	Rules of Order and Meeting									
	Processes training (Port									
07-Dec-24	Hawkesbury)	128	\$ 74.	73				\$	74.73	
09-Dec-24	Meeting with Finance Director	8.4	\$ 4	90				\$	4.90	
	Council photos, Committee of									
10-Dec-24	the Whole, Council Meeting	17.2	\$ 10.	04				\$	10.04	
			\$	-				\$		
			\$	-				\$	-	
			\$	-				\$	-	
			\$	-		λ.		\$	-	
			\$	-				\$	-	
			\$	-				\$	-	
	Internet					\$	22.50	\$	22.50	
	Cell Phone Stipend					\$	40.00	\$	40.00	
	TOTAL	170.8	\$ 99.	71 \$ -	\$ -	\$	62.50	\$	162.21	\$ -

Date:

TYPES OF EX	KPENSE
	Expense Codes
TRV - Trave	-Mileage, Parking, Hotel, Taxi
ML - Meal E	xpenses
PD - Profess	sional Development (training/conference)
OTH - Other	ional Development (training/conference) - ie: Phone, Internet, Incidentals
	te - \$0.5838/KM

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 2

Signature:

Approved by:

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 99.71
ML- GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
TOTAL	\$ 162.21

Per Die	m Rate	S		
Meal	Rate per Day			
Incidental .	\$	10.00		
Breakfast	\$	15.00		
Lunch	\$	20.00		
Dinner	\$	36.00		
Total per day	\$	81.00		

Jan 6, 2025