

MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: **Shawn Brophy (SHA030)**

Month/Year

January-25

District: **4**

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
03-Jan-25	Special RK Board Meeting	7.8	\$ 4.55				\$ 4.55	
07-Jan-25	special Council meeting	14.6	\$ 8.52				\$ 8.52	
13-Jan-25	Buildings and grounds meetins - RK	7.8	\$ 4.55				\$ 4.55	
14-Jan-25	COW/Council	14.6	\$ 8.52				\$ 8.52	
17-Jan-25	Training in PH Civic Center	126.6	\$ 73.91				\$ 73.91	
Janaury 28	CoW/Asset Management	14.6	\$ 8.52				\$ 8.52	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		186	\$ 108.59	\$ -	\$ -	\$ 62.50	\$ 171.09	\$ -

TYPES OF EXPENSE
Expense Codes
TRV - Travel -Mileage, Parking, Hotel, Taxi
ML - Meal Expenses
PD - Professional Development (training/conference)
OTH - Other - le-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 4

Signature:

Shawn Brophy

Date:

Feb 26/25

Approved by:

[Signature]
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 108.59
ML - GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 171.09

RECEIVED
FEB 19 2025
[Signature]