

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Wayne Melanson
District: 5

Month/Year December-24

**OFFICE USE ONLY
Paid by
Municipality**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
Dec 3/24	Information session	30	\$ 17.51				\$ 17.51	
Dec 7/24	Rules of order traing Port Hawks	99	\$ 57.80				\$ 57.80	
Dec 10/24	council meeting	30	\$ 17.51				\$ 17.51	
Dec 12/24	governance training	30	\$ 17.51				\$ 17.51	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet						\$ -	
	Cell Phone Stipend						\$ -	
TOTAL		189	\$ 110.34	\$ -	\$ -	\$ -	\$ 110.34	\$ -

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 5

Signature: Wayne melanson

Date: jan 7/2025

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

Office Use Only	
TRV - GL# - 10-210-2110-202126	\$ 110.34
ML- GL# - 10-210-2110-202126	\$ -
PD - GL# - 10-210-2110-202126	\$ -
OTH - GL# - 10-210-2110-202126	\$ -
TOTAL	\$ 110.34