

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

Name: **Nicholas MacInnis (NIC025)** Month/Year **December-24**  
 District: **6**

**OFFICE USE ONLY**  
Paid by  
**Municipality**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
03-Dec-24	Senior Staff presentations	35	\$ 20.43				\$ 20.43	
10-Dec-24	Council/CoW	35	\$ 20.43				\$ 20.43	
12-Dec-24	Governance Training	35	\$ 20.43				\$ 20.43	
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			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	cell		\$ -			\$ 40.00	\$ 40.00	
	Internet					\$ 22.50	\$ 22.50	
<b>TOTAL</b>		<b>105</b>	<b>\$ 61.30</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 123.80</b>	<b>\$ -</b>

TYPES OF EXPENSE
<b>Expense Codes</b>
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 6  
Signature: 

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

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

Office Use Only	
TRV - GL# - 10-210-2110-202127	\$ 61.30
ML - GL# - 10-210-2110-202127	\$ -
PD - GL# - 10-210-2110-202127	\$ -
OTH - GL# - 10-210-2110-202127	\$ 62.50
<b>TOTAL</b>	<b>\$ 123.80</b>