MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: Harris McNamara (HAR015) **Month/Year:** January-25

District: 9

Date	Details of Expense	Km Travelled	TRAVEL($) TRV	MEAL ($) ML	PROFESSIONAL DEVELOPMENT ($) PD	OTHER ($) OTH	Amount ($)	OFFICE USE ONLY Paid by Municipality AMOUNT
25-Jan-14	Council Meeting	81.8	$ 47.75				$ 47.75	
25-Jan-16	Rec Centre Meeting	83.1	$ 48.51				$ 48.51	
25-Jan-17	Code of Conduct Training in PH	38	$ 22.18				$ 22.18	
25-Jan-20	Executive Meeting RK	83.9	$ 48.98				$ 48.98	
25-Jan-21	Marine Recreation Dept Overview	81.8	$ 47.75				$ 47.75	
25-Jan-23	Meeting with CAO (Shirlyn	81.8	$ 47.75				$ 47.75	
		0	$ -				$ -	
		0	$ -				$ -	
			$ -				$ -	
			$ -				$ -	
	Internet					$ 22.50	$ 22.50	
	Cell Phone Stipend					$ 40.00	$ 40.00	
	TOTAL	450.4	$ 262.94	$ -	$ -	$ 62.50	$ 325.44	$ -

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 9 Signature: _____ **Date:** Jan 20/2025

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

Office Use Only	
TRV - GL# - 10-210-2110-202130	$ 262.94
ML- GL# - 10-210-2110-202130	$ -
PD - GL# - 10-210-2110-202130	$ -
OTH - GL# - 10-210-2110-202130	$ 62.50
TOTAL	$ 325.44

RECEIVED
FEB 19 2025