

MUNICIPALITY OF THE COUNTY OF ANTIGONISH

Council Expense Report

Name: Shirlyn Donovan (SHI130)

Month/Year

January-25


Municipal Clerk/Treasurer

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)
	Nothing to Claim		\$ -				\$ -
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			\$ -				\$ -
TOTAL			0	\$ -	\$ -	\$ -	\$ -

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.

Signature: 

Date: March 17, 25

Approved by: 

Office Use Only	
TRV - GL# - 10-210-2123-201116	\$ -
ML - GL# - 10-210-2123-201116	\$ -
PD - GL# - 10-210-2123-201116	\$ -
OTH - GL# - 10-210-2123-201116	\$ -
TOTAL	\$ -