ANTIGONISH

Council Expense Report

Name:

Shirlyn Donovan (SHI130)

Month/Year

September-24

Municipal Clerk/Treasurer

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amou	ınt (\$)
	Nothing to Claim		\$ -				\$	-
			\$ -	_			\$	-
			\$ -				\$	-
			\$ -				\$	-
			\$ -				\$	-
			\$ -			10.	\$	-
			\$ -				\$	-
			\$ -				\$	-
			\$ -				\$	-
			\$ -				\$	-
			\$ -				\$	-
			\$ -				\$	20
			\$ -				\$	-
	TOTAL	0	\$ -	\$ -	\$ -	\$ -	\$	-

TYPES OF EXPENS	E:
	Expense Codes
TRV- Travel -Milea	ge, Parking, Hotel, Taxi
ML - Meal Expense	es
PD - Professional I	Development (training/conference)
OTH - Other - Ie-P	hone, Internet, Incidentals
Mileage Rate - \$0	

Per Die	m Rate	S		
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:

Shulyn Donoran

Date:

Marcn 17 2025

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	\$