

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Report**

**Name:** Shirlyn Donovan (SHI130)      **Month/Year** February-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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			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
<b>TOTAL</b>		<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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: Shirlyn Donovan

Date: March 17 125

Approved by: [Signature]

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	\$ -
<b>TOTAL</b>	<b>\$ -</b>