

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Shawn Brophy (SHA030)** Month/Year February-25
 District: **4**

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
03-Feb-25	RK Meeting	15.2	\$ 8.87				\$ 8.87	
11-Feb-25	Council/CoW	15.2	\$ 8.87				\$ 8.87	
19-Feb-25	Joint Council	7.8	\$ 4.55				\$ 4.55	
24-Feb-25	Strategic planning	10.8	\$ 6.31				\$ 6.31	
25-Feb-25	Strategic planning	10.8	\$ 6.31				\$ 6.31	
27-Feb-25	RK Meeting	15.2	\$ 8.87				\$ 8.87	
2025-02-29	Special Council/CoW/Am	15.2	\$ 8.87				\$ 8.87	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		90.2	\$ 52.66	\$ -	\$ -	\$ 62.50	\$ 115.16	\$ -

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.

District 4
 Signature: 
 Approved by: 
 (Municipal CAO/Deputy Clerk/Director)

Date: April 22/25

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 52.66
ML - GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 115.16