

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **John Dunbar (JOH030)**
District: **7**

Month/Year: February-25

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$)		MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$)	OTHER (\$)	Amount (\$)	AMOUNT
			TRV			PD	OTH		
2025-02-11	Council/CoW - by zoom							\$ -	
2025-02-19	Joint Council	19.2	\$	11.21				\$ 11.21	
2025-02-24	Priority Setting Workshop	19	\$	11.09				\$ 11.09	
2025-02-25	Priority Setting Workshop	19	\$	11.09				\$ 11.09	
2025-02-26	CoW/Asset Management	14.4	\$	8.41				\$ 8.41	
Feb 10-13	Sustainable Communities Conference	928	\$	541.77				\$ 541.77	
2025-02-11	Receipt for taxi		\$	-			\$ 16.66	\$ 16.66	
2025-02-13	Receipt for taxi		\$	-			\$ 18.00	\$ 18.00	
2025-02-13	Receipt for taxi		\$	-			\$ 20.00	\$ 20.00	
Feb 10-13	Hotel stay - Ramada		\$	-				\$ -	\$ 444.49
	Internet						\$ 22.50	\$ 22.50	
	Cell Phone Stipend						\$ 40.00	\$ 40.00	
TOTAL		999.6	\$	583.57	\$ -	\$ -	\$ 117.16	\$ 700.73	\$ 444.49

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 7
Signature: 

Date: Mar 26/25

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

Office Use Only	
TRV - GL# - 10-210-2110-202128	\$ 583.57
ML - GL# - 10-210-2110-202128	\$ -
PD - GL# - 10-210-2110-202128	\$ -
OTH - GL# - 10-210-2110-202128	\$ 117.16
TOTAL	\$ 700.73

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: John Dunbar (JOH030)
District: 7

Month/Year: February-25

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
10-Feb-25			\$ -	\$ 36.00		\$ 10.00	\$ 46.00	
11-Feb-25			\$ -	\$ 36.00		\$ 10.00	\$ 46.00	
12-Feb-25			\$ -	\$ 36.00		\$ 10.00	\$ 46.00	
13-Feb-25			\$ -	\$ 20.00		\$ 10.00	\$ 30.00	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet							
	Cell Phone Stipend							
TOTAL		0	\$ -	\$ 128.00	\$ -	\$ 40.00	\$ 168.00	\$ -

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 7
Signature: 

Date: Apr 9/25

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

Office Use Only	
TRV - GL# - 10-210-2110-202128	\$ -
ML - GL# - 10-210-2110-202128	\$ 128.00
PD - GL# - 10-210-2110-202128	\$ -
OTH - GL# - 10-210-2110-202128	\$ 40.00
TOTAL	\$ 168.00

RECEIPT

H.S.T. 898 127 071 RT

FARE \$

18.00

Date:

15 Feb, 13, 2025

FROM:

TO:

YOUR DRIVER:

Wesley # 20

Thank you for your business. Please call again

RECEIPT

FARE \$ 20.00 H.S.T. 898 127 071 RT

Date: Feb. 13, 2025

FROM:

TO:

YOUR DRIVER: Ritchie # 20

Thank you for your business. Please call again

RECEIPT

FARE \$ 16.66

H.S.T. 898 127 071 RT

Date: Feb 11/25

FROM: Con. Center

TO: Dameela

YOUR DRIVER:

#

BJ

Thank you for your business. Please call again