

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

**Name:** Wayne Melanson  
**District:** 5

**Month/Year** January 2025

**OFFICE USE ONLY  
Paid by  
Municipality**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
Jan 7/2025	Special Council	30	\$ 17.51				\$ 17.51	
Jan 14/2025	council meeting	30	\$ 17.51				\$ 17.51	
Jan 21/2025	Active transportation information session	30	\$ 17.51				\$ 17.51	
Jan 28/2025	council meeting	30	\$ 17.51				\$ 17.51	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet						\$ -	
	Cell Phone Stipend						\$ -	
<b>TOTAL</b>		<b>120</b>	<b>\$ 70.06</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 70.06</b>	<b>\$ -</b>

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	

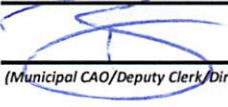
Per Diem Rates	
Meal	Rate per Day
Incidental	\$ 10.00
Breakfast	\$ 15.00
Lunch	\$ 20.00
Dinner	\$ 36.00
Total per day	\$ 81.00

*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 5

Signature: Wayne Melanson

Date: Jan 6/2025

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

Office Use Only	
TRV - GL# - 10-210-2110-202126	\$ 70.06
ML - GL# - 10-210-2110-202126	\$ -
PD - GL# - 10-210-2110-202126	\$ -
OTH - GL# - 10-210-2110-202126	\$ -
<b>TOTAL</b>	<b>\$ 70.06</b>

RECEIVED  
FEB 19 2025  
*[Handwritten signature]*