

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

Name: Gary Mattie (GAR010)

Month/Year: February-25

**OFFICE USE ONLY**  
Paid by  
Municipality

District: 8

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
11-Feb-25	Coouncil/CoW	61.2	\$ 35.73				\$ 35.73	
19-Feb-25	Joint Council	65.8	\$ 38.41				\$ 38.41	
24-Feb-25	Priority setting sessions	65.8	\$ 38.41				\$ 38.41	
25-Feb-25	Priority setting sessions	65.8	\$ 38.41				\$ 38.41	
26-Feb-25	Special Council/AM/CoW	61.2	\$ 35.73				\$ 35.73	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>319.8</b>	<b>\$ 186.70</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 249.20</b>	<b>\$ -</b>

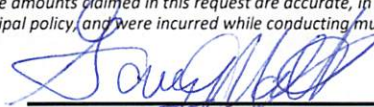
TYPES OF EXPENSE
<b>Expense Codes</b>
TRV - Travel -Mileage, Parking, Hotel, Taxi
ML - Meal Expenses
PD - Professional Development (training/conference)
OTH - Other - ie: Phone, Internet, Incidentals
Mileage Rate - \$0.5838/KM

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 8

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

\_\_\_\_\_

Approved by: \_\_\_\_\_

*(Municipal CAO/Deputy Clerk/Director)*



Office Use Only	
TRV - GL# - 10-210-2110-202129	\$ 186.70
ML - GL# - 10-210-2110-202129	\$ -
PD - GL# - 10-210-2110-202129	\$ -
OTH - GL# - 10-210-2110-202129	\$ 62.50
<b>TOTAL</b>	<b>\$ 249.20</b>