

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

Name: **Mary MacLellan (MAR120)**

Month/Year Feb-25

**OFFICE USE ONLY**  
Paid by  
Municipality

District: **1**

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PD)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
11-Feb-25	Council/CoW	55.6	\$ 32.46				\$ 32.46	
19-Feb-25	Joint Council	47.6	\$ 27.79				\$ 27.79	
24-Feb-25	Microtel - Priority Setting session	50.6	\$ 29.54				\$ 29.54	
25-Feb-25	Microtel - Priority Setting session	50.6	\$ 29.54				\$ 29.54	
26-Feb-25	Special Council/AM/CoW	55.6	\$ 32.46				\$ 32.46	
26-Feb-25	ACALA	47.4	\$ 27.67				\$ 27.67	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>307.4</b>	<b>\$ 179.46</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 241.96</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
<b>Mileage Rate - \$0.5838/KM</b>

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

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 1

Signature: Mary MacLellan

Date: Apr. 21

Approved by: [Signature]

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 179.46
ML- GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
<b>TOTAL</b>	<b>\$ 241.96</b>