

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

**Name:** Shawn Brophy (SHA030)      **Month/Year** March-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-Mar-25	Museum Meeting	10	\$ 5.84				\$ 5.84	
11-Mar-25	Council/CoW	14.6	\$ 8.52				\$ 8.52	
20-Mar-25	Bulding and Grounds at the RK	7.8	\$ 4.55				\$ 4.55	
25-Mar-25	Asset Management/CoW	14.6	\$ 8.52				\$ 8.52	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>47</b>	<b>\$ 27.44</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 89.94</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 - le-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
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:** Shawn Brophy  
**Approved by:** [Signature]  
 (Municipal CAO/Deputy Clerk/Director)

**Date:** May 2/25

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 27.44
ML - GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
<b>TOTAL</b>	<b>\$ 89.94</b>