

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Harris McNamara (HAR015)** Month/Year: **February-25**
 District: **9**

**OFFICE USE ONLY
Paid by Municipality**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
03-Feb-25	RK Board meeting	81.8	\$ 47.75				\$ 47.75	
06-Feb-25	Rec Centre Meeting	83.1	\$ 48.51				\$ 48.51	
11-Feb-25	Council/CoW	81.8	\$ 47.75				\$ 47.75	
18-Feb-25	Executive Meeting RK	83.9	\$ 48.98				\$ 48.98	
19-Feb-25	Joint Council	83.9	\$ 48.98				\$ 48.98	
24-Feb-25	Strategic Planning Session	84.7	\$ 49.45				\$ 49.45	
25-Feb-25	Strategic Planning Session	84.7	\$ 49.45				\$ 49.45	
26-Feb-25	Special Council	81.8	\$ 47.75				\$ 47.75	
27-Feb-25	RK Board meeting	81.8	\$ 47.75				\$ 47.75	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		747.5	\$ 436.39	\$ -	\$ -	\$ 62.50	\$ 498.89	\$ -

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 9
Signature: _____

Date: May 06/25

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

Office Use Only	
TRV - GL# - 10-210-2110-202130	\$ 436.39
ML - GL# - 10-210-2110-202130	\$ -
PD - GL# - 10-210-2110-202130	\$ -
OTH - GL# - 10-210-2110-202130	\$ 62.50
TOTAL	\$ 498.89