

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

**Name:** Richelle MacLaughlin (RIC020)      **Month/Year** November-25  
**District:** 3

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)
NOV 5/25	BOUNDARY REVIEW - ST. ANDREW'S JUNIOR SCHOOL	23	\$ 13.64				\$ 13.64
NOV 18/25	COUNCIL MEETING	24	\$ 14.24				\$ 14.24
NOV 19/25	JOINT COUNCIL MTG - ANT. TOWN HALL	24	\$ 14.24				\$ 14.24
NOV 24/25	PAC MTNG W/UPLAND	24	\$ 14.24				\$ 14.24
NOV 25/25	COMMITTEE OF THE WHOLE	24	\$ 14.24				\$ 14.24
NOV 27/25	EASTERN DISTRICT PLANNING PORT HAWKESBURY - COVERED	0	\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
	Internet					\$ 22.50	\$ 22.50
	Cell Phone Stipend					\$ 40.00	\$ 40.00
<b>TOTAL</b>		<b>119</b>	<b>\$ 70.59</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 133.09</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 - \$0.5932/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 3

**Signature:** Richelle MacLaughlin

**Date:** December 12/25

**Approved by:** \_\_\_\_\_  
 (Municipal Clerk/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202124	\$ 70.59
ML - GL# - 10-210-2110-202124	\$ -
PD - GL# - 10-210-2110-202124	\$ -
OTH - GL# - 10-210-2110-202124	\$ 62.50
<b>TOTAL</b>	<b>\$ 133.09</b>