

MUNICIPALITY OF THE COUNTY OF  
**ANTIGONISH**

Council Expense Claim Report

Name: **Richelle MacLaughlin (RIC020)**

Month/Year

*October 2025*  
September-25

District: **3**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)
OCT 14/25	COUNCIL MEETING - VIA ZOOM		\$ -				\$ -
OCT 20/25	BOUNDARY REVIEW - ST. JOSEPH'S LAKESIDE COMMUNITY CENTRE		\$ -				\$ -
OCT 28/25	COMMITTEE OF THE WHOLE	24	\$ 14.24				\$ 14.24
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
	Internet					\$ 22.50	\$ 22.50
	Cell Phone Stipend					\$ 40.00	\$ 40.00
<b>TOTAL</b>		<b>24</b>	<b>\$ 14.24</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 76.74</b>

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 - \$0.5932/KM	

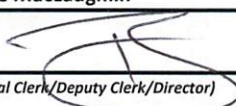
Per Diem Rates	
Meal	Rate per Day
Incidental	\$ 10.00
Breakfast	\$ 15.00
Lunch	\$ 20.00
Dinner	\$ 36.00
Total per day	\$ 81.00

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 3

Signature: Richelle MacLaughlin

Date: OCTOBER 14/25

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

Office Use Only	
TRV - GL# - 10-210-2110-202124	\$ 14.24
ML - GL# - 10-210-2110-202124	\$ -
PD - GL# - 10-210-2110-202124	\$ -
OTH - GL# - 10-210-2110-202124	\$ 62.50
<b>TOTAL</b>	<b>\$ 76.74</b>