

MUNICIPALITY OF THE COUNTY OF ANTIGONISH

Council Expense Claim Report

Name: Gary Mattie (GAR010)

Month/Year: November-25

OFFICE USE ONLY
Paid by
Municipality

District: 8

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
03-Nov-25	Havre Boucher boundary review	20	\$ 11.86				\$ 11.86	
04-Nov-25	Arisaig Boundary Review	123	\$ 72.96				\$ 72.96	
07-Nov-25	Pick up of cheques/delivery	61.2	\$ 36.30				\$ 36.30	
18-Nov-25	Council/CoW	61.2	\$ 36.30				\$ 36.30	
19-Nov-25	Joint Council - Town hall	66.2	\$ 39.27				\$ 39.27	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		331.6	\$ 196.71	\$ -	\$ -	\$ 62.50	\$ 259.21	\$ -

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	\$ 25.00
Dinner	\$ 40.00
Total per day	\$ 90.00

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 8
Signature: 

Date: _____

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

Office Use Only	
TRV - GL# - 10-210-2110-202129	\$ 196.71
ML - GL# - 10-210-2110-202129	\$ -
PD - GL# - 10-210-2110-202129	\$ -
OTH - GL# - 10-210-2110-202129	\$ 62.50
TOTAL	\$ 259.21