

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Harris McNamara (HAR015)

Month/Year: September-25

**OFFICE USE ONLY
Paid by Municipality**

Date	Details of Expense	Km Travelled	TRAVEL(\$)			PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
			TRV	MEAL (\$)	ML				
Nov 07 2025	RK Performance Appraisals	83.6	\$ 49.59				\$ 49.59		
Nov 13 2025	Housing Form at Legion	82.5	\$ 48.94				\$ 48.94		
Nov 19 2025	Joint Council Meeting	81.9	\$ 48.58				\$ 48.58		
Nov 25 2025	Council Meeting	79.8	\$ 47.34				\$ 47.34		
Nov 27 2025	BOD Meeting RK	79.8	\$ 47.34				\$ 47.34		
Nov 18 2025	COW & Council	79.8	\$ 47.34				\$ 47.34		
			\$ -				\$ -		
			\$ -				\$ -		
			\$ -				\$ -		
	Internet					\$ 22.50	\$ 22.50		
	Cell Phone Stipend					\$ 40.00	\$ 40.00		
TOTAL		487.4	\$ 289.13	\$ -	\$ -	\$ 62.50	\$ 351.63	\$ -	



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	\$ 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 9

Signature:


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

Date:

Nov 28/2025

Office Use Only	
TRV - GL# - 10-210-2110-202130	\$ 289.13
ML - GL# - 10-210-2110-202130	\$ -
PD - GL# - 10-210-2110-202130	\$ -
OTH - GL# - 10-210-2110-202130	\$ 62.50
TOTAL	\$ 351.63