

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Shawn Brophy (SHA030) **Month/Year** November-25
District: 4

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
04-Nov-26	Dinner		\$ -	\$ 40.00			\$ 40.00	
05-Nov-26	Breakfast/ Dinner		\$ -	\$ 55.00			\$ 55.00	
06-Nov-26	Breakfast/ Dinner		\$ -	\$ 15.00			\$ 15.00	
04-Nov-26	Travel to Westin for NSFM	217	\$ 128.72				\$ 128.72	
06-Nov-26	Travel to Antigonish	217	\$ 128.72				\$ 128.72	
Nove 4-6	Stay at Westin for NSFM		\$ -				\$ -	\$ 883.00
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		434	\$ 257.45	\$ 110.00	\$ -	\$ 62.50	\$ 429.95	\$ 883.00

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 4
Signature: Shawn Brophy
Approved by: [Signature]
 (Municipal CAO/Deputy Clerk/Director)

Date: Feb 19/2026

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 257.45
ML - GL# - 10-210-2110-202125	\$ 110.00
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 429.95

RECEIVED
FEB 06 2025
[Signature]