

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Nicholas MacInnis (NIC025)** Month/Year **September-25**
 District: **6**

OFFICE USE ONLY
 Paid by
 Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$)		MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$)	OTHER (\$)	Amount (\$)	AMOUNT
			TRV			PD	OTH		
09-Sep-25	CoW/Council	35	\$	20.76				\$ 20.76	
10-Sep-25	County Tour	35	\$	20.76				\$ 20.76	
17-Sep-25	Joint Council - St. Josephs	60.1	\$	35.65				\$ 35.65	
23-Sep-25	CoW/Asset Management	35	\$	20.76				\$ 20.76	
			\$	-				\$ -	
			\$	-				\$ -	
			\$	-				\$ -	
			\$	-				\$ -	
			\$	-				\$ -	
			\$	-				\$ -	
			\$	-				\$ -	
			\$	-				\$ -	
			\$	-				\$ -	
			\$	-				\$ -	
	cell		\$	-			\$ 40.00	\$ 40.00	
	Internet		\$	-			\$ 22.50	\$ 22.50	
TOTAL		165.1	\$	97.94	\$ -	\$ -	\$ 62.50	\$ 160.44	\$ -

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 6
 Signature: 

Date: _____

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

Office Use Only	
TRV - GL# - 10-210-2110-202127	\$ 97.94
ML - GL# - 10-210-2110-202127	\$ -
PD - GL# - 10-210-2110-202127	\$ -
OTH - GL# - 10-210-2110-202127	\$ 62.50
TOTAL	\$ 160.44