MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

CAO Expense Report

Name: Shirlyn Donovan (SHI130)
CAO

Month/Year December-25

OFFICE USE ONLY
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL($) TRV	MEAL ($) ML	PROFESSIONAL DEVELOPMENT ($) PD	OTHER ($) OTH	Amount ($)	AMOUNT
	No expenses to claim		$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
TOTAL		0	$ -	$ -	$ -	$ -	$ -	$ -

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.

Signature: Shirlyn Donovan **Date:** January 8, 2026

Approved by: N. MacInnis