MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Report

Name: Shirlyn Donovan (SHI130) **Month/Year** October-25

CAO

OFFICE USE ONLY
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL($) TRV	MEAL ($) ML	PROFESSIONAL DEVELOPMENT ($) PD	OTHER ($) OTH	Amount ($)	AMOUNT
2025-10-20	Boundary Review St Josephs	28	$ 16.61				$ 16.61	
2025-10-21	Boundary Review Lakevale	50	$ 29.66				$ 29.66	
			$ -				$ -	
			$ -				$ -	
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			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
	TOTAL	78	$ 46.27	$ -	$ -	$ -	$ 46.27	$ -

TYPES OF EXPENSE:
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

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:** Nov. 3/25

Approved by: [signature]