

MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: **Mary MacLellan (MAR120)**

Month/Year Dec-25

OFFICE USE ONLY
Paid by
Municipality

District: **1**

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PD)	OTHER OTH	(\$)	Amount (\$)	AMOUNT
09-Dec-25	Council/CoW	56	\$ 33.22					\$ 33.22	
			\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
	Internet						\$ 22.50	\$ 22.50	
	Cell Phone Stipend						\$ 40.00	\$ 40.00	
TOTAL		56	\$ 33.22	\$ -	\$ -	\$ 62.50	\$ 95.72	\$ -	\$ -

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 1
Signature: Mary MacLellan
Approved by: [Signature]
(Municipal CAO/Deputy Clerk/Director)

Date: _____

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 33.22
ML- GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 95.72

RECEIVED
FEB 06 2025

