

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

Name: **Richelle MacLaughlin (RIC020)** Month/Year December-25

District: **3**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)
DEC 4/25	OPEN HOUSE FLOOD MAPPING CC	24	\$ 14.24				\$ 14.24
DEC 9/25	COUNCIL MEETING	24	\$ 14.24				\$ 14.24
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
	Internet					\$ 22.50	\$ 22.50
	Cell Phone Stipend					\$ 40.00	\$ 40.00
<b>TOTAL</b>		<b>48</b>	<b>\$ 28.47</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 90.97</b>

TYPES OF EXPENSE
<b>Expense Codes</b>
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	\$ 20.00
Dinner	\$ 36.00
Total per day	\$ 81.00

*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 3  
Signature: Richelle MacLaughlin

Date: JAN 7/26

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

Office Use Only	
TRV - GL# - 10-210-2110-202124	\$ 28.47
ML- GL# - 10-210-2110-202124	\$ -
PD - GL# - 10-210-2110-202124	\$ -
OTH - GL# - 10-210-2110-202124	\$ 62.50
<b>TOTAL</b>	<b>\$ 90.97</b>

RECEIVED  
FEB 06 2026  
*[Handwritten signature]*