

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Richelle MacLaughlin (RIC020) **Month/Year** January-26
District: 3

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)
JAN 5/26	BUILD NS MEETING	24	\$ 14.24				\$ 14.24
JAN 13/26	VIA ZOOM COUNCIL MEETING	0	\$ -				\$ -
JAN 28/26	COUNCIL MEETING	24	\$ 14.24				\$ 14.24
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
	Internet					\$ 22.50	\$ 22.50
	Cell Phone Stipend					\$ 40.00	\$ 40.00
TOTAL		48	\$ 28.47	\$ -	\$ -	\$ 62.50	\$ 90.97

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 3

Signature: Richelle MacLaughlin

Date: FEB 13/26

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
TOTAL	\$ 90.97

Handwritten notes and signatures in the bottom right corner.

Feb 19/20
BR