MUNICIPALITY OF THE COUNTY OF

ANTIGONISH

Council Expense Claim Report

Name: Shawn Brophy (SHA030) **Month/Year** December-25

District: 4

OFFICE USE ONLY
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL($) TRV	MEAL ($) ML	PROFESSIONAL DEVELOPMENT ($) PD	OTHER ($) OTH	Amount ($)	AMOUNT
09-Dec-25	Council/CoW	16.2	$ 9.61				$ 9.61	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
	Internet					$ 22.50	$ 22.50	
	Cell Phone Stipend					$ 40.00	$ 40.00	
	TOTAL	**16.2**	**$ 9.61**	**$ -**	**$ -**	**$ 62.50**	**$ 72.11**	**$ -**

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 4 Signature: Shawn Brophy **Date:** March 10/26

Approved by: Shirlyn Downey
(Municipal CAO/Deputy Clerk/Director)

Office Use Only		
	TRV - GL# - 10-210-2110-202125	$ 9.61
	ML- GL# - 10-210-2110-202125	$ -
	PD - GL# - 10-210-2110-202125	$ -
	OTH - GL# - 10-210-2110-202125	$ 62.50
	TOTAL	$ 72.11

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FEB 15 2026