

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Shawn Brophy (SHA030) **Month/Year** January-26
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
05-Jan-26	Museum Meeting	9.6	\$ 5.69				\$ 5.69	
13-Jan-26	Council/CoW	14.6	\$ 8.66				\$ 8.66	
15-Jan-26	Police Advisory	14.6	\$ 8.66				\$ 8.66	
28-Jan-26	CoW/Asset Management	14.6	\$ 8.66				\$ 8.66	
29-Jan-26	RK MacDonald Meeting	14.6	\$ 8.66				\$ 8.66	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		68	\$ 40.34	\$ -	\$ -	\$ 62.50	\$ 102.84	\$ -

TYPES OF EXPENSE
Expense Codes
TRV - Travel -Mileage, Parking, Hotel, Taxi
ML - Meal Expenses
PD - Professional Development (training/conference)
OTH - Other - le-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: [Signature]
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 40.34
ML- GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 102.84

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Feb 1979
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