

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Gary Mattie (GAR010)

Month/Year: January-26

OFFICE USE ONLY
Paid by
Municipality

District: **8**


Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
01-Jan-26	New Years Levy CACL	65.6	\$ 38.91				\$ 38.91	
08-Jan-26	Cheque pick up and deliveries	61.2	\$ 36.30				\$ 36.30	
13-Jan-26	Council/CoW	61.2	\$ 36.30				\$ 36.30	
28-Jan-26	CoW/ Asset Management	61.2	\$ 36.30				\$ 36.30	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		249.2	\$ 147.83	\$ -	\$ -	\$ 62.50	\$ 210.33	\$ -

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 8

Signature: 

Date: _____

Approved by: _____

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202129	\$ 147.83
ML - GL# - 10-210-2110-202129	\$ -
PD - GL# - 10-210-2110-202129	\$ -
OTH - GL# - 10-210-2110-202129	\$ 62.50
TOTAL	\$ 210.33

2026/01/25
AM

Feb 19/20
fn