

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Harris McNamara (HAR015)**

Month/Year: **January-26**

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	Meeting with Politicians	79.8	\$ 47.34				\$ 47.34	
Jan 28, 2026	Council Meeting	79.8	\$ 47.34				\$ 47.34	
21-Jan-26	Executive Meeting RK	82.6	\$ 49.00				\$ 49.00	
29-Jan-26	BOD Meeting RK	79.8	\$ 47.34				\$ 47.34	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		322	\$ 191.01	\$ -	\$ -	\$ 62.50	\$ 253.51	\$ -

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 9

Signature: Harris McNamara
(Municipal CAO/Deputy Clerk/Director)

Date:

Feb 04/20

Approved by:

Office Use Only	
TRV - GL# - 10-210-2110-202130	\$ 191.01
ML - GL# - 10-210-2110-202130	\$ -
PD - GL# - 10-210-2110-202130	\$ -
OTH - GL# - 10-210-2110-202130	\$ 62.50
TOTAL	\$ 253.51

Feb 19/20
an