

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

Name: **Sterling Garvie (STE015)** Month/Year: January-26  
 District: **10**

**OFFICE USE ONLY**  
Paid by  
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
20265-01-29	Meeting ERSW	127	\$ 75.34				\$ 75.34	
			\$ -				\$ -	
			\$ -				\$ -	
	Cell Phone		\$ -			\$ 40.00	\$ 40.00	
	Internet					\$ 22.50	\$ 22.50	
<b>TOTAL</b>		<b>127</b>	<b>\$ 75.34</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 137.84</b>	<b>\$ -</b>

TYPES OF EXPENSE
<b>Expense Codes</b>
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	
Breakfast	
Lunch	
Dinner	
Total per day	\$ -

*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 10  
 Signature: Sterling Garvie

Date: 12-Mar-26

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

Office Use Only	
TRV - GL# - 10-210-2110-202131	\$ 75.34
ML - GL# - 10-210-2110-202131	\$ -
PD - GL# - 10-210-2110-202131	\$ -
OTH - GL# - 10-210-2110-202131	\$ 62.50
<b>TOTAL</b>	<b>\$ 137.84</b>



**RECEIVED**  
**MAR 24 2025**  
*[Handwritten signature]*