

MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: Adam Baden-Clay (ADA015)

Month/Year

February-26

OFFICE USE ONLY
Paid by
Municipality

District: 2

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PL)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
10-Feb-26	Committee of the Whole & Council Meetings (Council chambers)	17.2	\$ 10.20				\$ 10.20	
18-Feb-26	AAHS Finance Committee meeting (Appleseed)	10.2	\$ 6.05				\$ 6.05	
18-Feb-26	Joint Town and County Council meeting (Heatherton community centre)	46	\$ 27.29				\$ 27.29	
25-Feb-26	AAHS board meeting (Appleseed)	10.2	\$ 6.05				\$ 6.05	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		83.6	\$ 49.59	\$ -	\$ -	\$ 62.50	\$ 112.09	\$ -

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	\$ 20.00
Dinner	\$ 36.00
Total per day	\$ 81.00

I certify that the amounts claimed in this request are accurate, in accordance with the municipal policy, and were incurred while conducting municipal business.

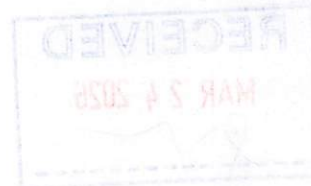
District 2 **Adam Baden-Clay**

Signature: Signed digitally (no printer access)

Date: 02-Mar-26

Approved by: [Signature]
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 49.59
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
TOTAL	\$ 112.09



RECEIVED
MAR 24 2026
[Handwritten signature]