

MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Council Expense Claim Report

Name: John Dunbar (JOH030)
District: 7

Month/Year: February-26

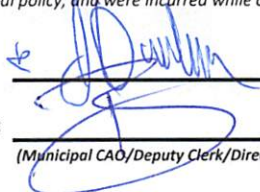

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
18-Feb-26	Joint Council meeting	21	\$ 12.46				\$ 12.46	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		21	\$ 12.46	\$ -	\$ -	\$ 62.50	\$ 74.96	\$ -

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	

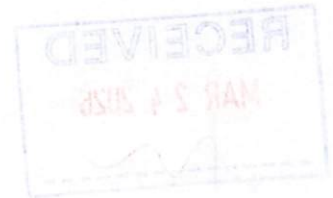
Per Diem Rates	
Meal	Rate per Day
Incidental	\$ 10.00
Breakfast	\$ 15.00
Lunch	\$ 20.00
Dinner	\$ 36.00
Total per day	\$ 81.00

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 7
Signature: 
Approved by: 
(Municipal CAO/Deputy Clerk/Director)

Date: April 8/26

Office Use Only		
TRV - GL# - 10-210-2110-202128	\$	12.46
ML - GL# - 10-210-2110-202128	\$	-
PD - GL# - 10-210-2110-202128	\$	-
OTH - GL# - 10-210-2110-202128	\$	62.50
TOTAL	\$	74.96





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