

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Mary MacLellan (MAR120)**

Month/Year Mar-26

**OFFICE USE ONLY
Paid by
Municipality**



District: **1**

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PD)	OTHER OTH	(\$)	Amount (\$)	AMOUNT
10-Mar-26	CoW/Council	54.2	\$ 32.15					\$ 32.15	
24-Mar-26	CoW/Asset Management	54.2	\$ 32.15					\$ 32.15	
25-Mar-26	ACALA	47.4	\$ 28.12					\$ 28.12	
30-Mar-26	Planning Meeting	54.2	\$ 32.15					\$ 32.15	
			\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
	Internet						\$ 22.50	\$ 22.50	
	Cell Phone Stipend						\$ 40.00	\$ 40.00	
TOTAL		210	\$ 124.57	\$ -	\$ -	\$ 62.50	\$ 187.07	\$ 187.07	\$ -

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 1
 Signature: 
 Approved by: 
 (Municipal CAO/Deputy Clerk/Director)

Date: _____

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 124.57
ML- GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 187.07