

MUNICIPALITY OF THE COUNTY OF  
**ANTIGONISH**

**Council Expense Claim Report**

Name: **Mary MacLellan (MAR120)**

Month/Year Jan-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
05-Jan-26	County Meeting re: cell phones	56	\$ 33.22				\$ 33.22	
08-Jan-26	Library New Glasgow	108.8	\$ 64.54				\$ 64.54	
13-Jan-26	Council/CoW	56	\$ 33.22				\$ 33.22	
26-Jan-26	Meeting Re: lighthouse rd	56	\$ 33.22				\$ 33.22	
28-Jan-26	CoW/Asset Management	56	\$ 33.22				\$ 33.22	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>332.8</b>	<b>\$ 197.42</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 259.92</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 - 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: Mary MacLellan

Date: \_\_\_\_\_

Approved by: [Signature]

by: \_\_\_\_\_

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 197.42
ML - GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
<b>TOTAL</b>	<b>\$ 259.92</b>

Feb 19/2000  
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