

MUNICIPALITY OF THE COUNTY OF  
**ANTIGONISH**

**Council Expense Claim Report**

Name: **Mary MacLellan (MAR120)**

Month/Year **Feb-26**

**OFFICE USE ONLY**  
Paid by  
Municipality

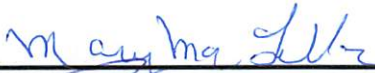

District: **1**

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PD)	OTHER OTH	(\$)	Amount (\$)	AMOUNT
10-Feb-26	Council/CoW	54.4	\$ 32.27					\$ 32.27	
19-Feb-26	Joint Council - Heatherton	84.2	\$ 49.95					\$ 49.95	
24-Feb-26	Asset Management/CoW	54.4	\$ 32.27					\$ 32.27	
25-Feb-26	ACALA - Library	47.6	\$ 28.24					\$ 28.24	
			\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
			\$ -					\$ -	
	Internet						\$ 22.50	\$ 22.50	
	Cell Phone Stipend						\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>240.6</b>	<b>\$ 142.72</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>		<b>\$ 205.22</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:   
Approved by:   
(Municipal CAO/Deputy Clerk/Director)

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

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 142.72
ML- GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
<b>TOTAL</b>	<b>\$ 205.22</b>



RECEIVED  
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