

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

**Name:** Richelle MacLaughlin (RIC020)      **Month/Year** March-26  
**District:** 3

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)
MAR 6/26	HELPING HEALTHCARE MTNG	22	\$ 13.05				\$ 13.05
MAR 10/26	COUNCIL MEETING	24	\$ 14.24				\$ 14.24
MAR 24/26	COUNCIL MEETING	24	\$ 14.24				\$ 14.24
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
	Internet					\$ 22.50	\$ 22.50
	Cell Phone Stipend					\$ 40.00	\$ 40.00
<b>TOTAL</b>		<b>70</b>	<b>\$ 41.52</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 104.02</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	\$ 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 3**

**Signature:** Richelle MacLaughlin

**Date:** APRIL 16/26

**Approved by:**   
 (Municipal Clerk/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202124	\$ 41.52
ML- GL# - 10-210-2110-202124	\$ -
PD - GL# - 10-210-2110-202124	\$ -
OTH - GL# - 10-210-2110-202124	\$ 62.50
<b>TOTAL</b>	<b>\$ 104.02</b>