

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Shawn Brophy (SHA030)** Month/Year **February-26**
 District: **4**

OFFICE USE ONLY
 Paid by
 Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
10-Feb-26	Building and Grounds @ RK	8	\$ 4.75				\$ 4.75	
10-Feb-26	Council Meeting/CoW	14.6	\$ 8.66				\$ 8.66	
26-Feb-26	Rk Meeting at County Office	14.6	\$ 8.66				\$ 8.66	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		37.2	\$ 22.07	\$ -	\$ -	\$ 62.50	\$ 84.57	\$ -

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 4
 Signature: Shawn Brophy
 Approved by: [Signature]
 (Municipal CAO/Deputy Clerk/Director)

Date: April 24/26

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 22.07
ML - GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 84.57



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