

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Wayne Melanson (WAY003)** Month/Year **03/2026**
 District: **5**

OFFICE USE ONLY
 Paid by
 Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
Mar 4/26	AM,COW meetings	30	\$ 17.80				\$ 17.80	
Mar10/26	COW,Council meeting	30	\$ 17.80				\$ 17.80	
Mar 24/26	AM,COW meetings	30	\$ 17.80				\$ 17.80	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		90	\$ 53.39	\$ -	\$ -	\$ 62.50	\$ 115.89	\$ -

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 5
 Signature: Wayne Melanson

Date: April 14/2026

Approved by: Shelley Donohue
 (Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202126	\$ 53.39
ML - GL# - 10-210-2110-202126	\$ -
PD - GL# - 10-210-2110-202126	\$ -
OTH - GL# - 10-210-2110-202126	\$ 62.50
TOTAL	\$ 115.89