

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Gary Mattie (GAR010)**
District: **8**

Month/Year: March-26

OFFICE USE ONLY
Paid by
Municipality

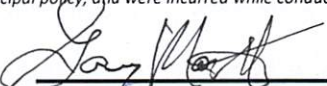
Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
03-Mar-26	ACT Meeting	64.4	\$ 38.20				\$ 38.20	
03-Mar-26	STFX Banquet CACL	66.6	\$ 39.51				\$ 39.51	
04-Mar-26	Governance	61.2	\$ 36.30				\$ 36.30	
04-Mar-26	CoW/Asset Management	61.2	\$ 36.30				\$ 36.30	
10-Mar-26	Council/CoW	61.2	\$ 36.30				\$ 36.30	
18-Mar-26	ACTS meeting	64.4	\$ 38.20				\$ 38.20	
24-Mar-26	CoW/Asset Management	61.2	\$ 36.30				\$ 36.30	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		440.2	\$ 261.13	\$ -	\$ -	\$ 62.50	\$ 323.63	\$ -

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 8

Signature: 

Date: _____

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

Office Use Only	
TRV - GL# - 10-210-2110-202129	\$ 261.13
ML- GL# - 10-210-2110-202129	\$ -
PD - GL# - 10-210-2110-202129	\$ -
OTH - GL# - 10-210-2110-202129	\$ 62.50
TOTAL	\$ 323.63