MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

CAO Expense Report

Name: Shirlyn Donovan (SHI130)
CAO

Month/Year February-26

OFFICE USE ONLY
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL($) TRV	MEAL ($) ML	PROFESSIONAL DEVELOPMENT ($) PD	OTHER ($) OTH	Amount ($)	AMOUNT
	Nothing to Claim							
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
			$ -				$ -	
TOTAL		0	$ -	$ -	$ -	$ -	$ -	$ -

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.

Signature: Shirlyn Donovan **Date:** April 21 2026

Approved by: D. MacInnis