MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

## CAO Expense Report

**Name:** Shirlyn Donovan (SHI130)
CAO

**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 |
|---|---|---|---|---|---|---|---|---|
| | 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