

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Report

Name: Gary Mattie (GAR010)

Month/Year: February 2020

District: 8

Date	Details of Expense	Km Travelled	TRAVEL(\$)		MEAL (\$) ML	PROFESSIONAL	OTHER (\$)	Amount (\$)
			TRV			DEVELOPMENT (\$)	OTH	
			\$ -					\$ -
	Internet						\$ 22.50	\$ 22.50
	Cell Phone Stipend						\$ 40.00	\$ 40.00
TOTAL		0	\$ -	\$ -	\$ -	\$ -	\$ 62.50	\$ 62.50

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 - \$0.4585/KM	

Per Diem Rates	
Meal	Rate per Day
Incidental	\$ 10.00
Breakfast	\$ 15.00
Lunch	\$ 20.00
Dinner	\$ 36.00
Total per day	\$ 81.00

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: Mar. 26/2020

Approved by: _____

(Municipal Clerk/Deputy Clerk/Director)

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