

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Report

Name: Bill MacFarlane (BIL210)

Month/Year: October-19

District: 10

**OFFICE USE ONLY
Paid by Municipality**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
07-Nov-19	CACL (2 tickets)	17	\$ 7.79				\$ 7.79	\$ 87.40
19-Nov-19	Regular Council/CoW	10	\$ 4.59				\$ 4.59	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		27	\$ 12.38	\$ -	\$ -	\$ 62.50	\$ 74.88	\$ 87.40

TYPES OF EXPENSE:	
Expense Codes	
TRV - Travel - Mileage, Parking, Hotel, Taxi	
ML - Meal Expenses	
PD - Professional Development (training/conference)	
OTH - Other - le-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 10

Signature: _____

[Handwritten Signature]

Date: _____

[Handwritten Date: Dec 16/19]

Approved by: _____

(Municipal Clerk/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202131	\$ 12.38
ML - GL# - 10-210-2110-202131	\$ -
PD - GL# - 10-210-2110-202131	\$ -
OTH - GL# - 10-210-2110-202131	\$ 62.50
TOTAL	\$ 74.88