

**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
01-Oct-19	Asset Management	10	\$ 4.59				\$ 4.59	
15-Oct-19	CoW/Council	10	\$ 4.59				\$ 4.59	
29-Oct-19	Asset Management/CoW	10	\$ 4.59				\$ 4.59	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		30	\$ 13.76	\$ -	\$ -	\$ 62.50	\$ 76.26	\$ -

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: _____



Date: _____

Approved by: _____

(Municipal Clerk/Deputy Clerk/Director)



Office Use Only	
TRV - GL# - 10-210-2110-202131	\$ 13.76
ML- GL# - 10-210-2110-202131	\$ -
PD - GL# - 10-210-2110-202131	\$ -
OTH - GL# - 10-210-2110-202131	\$ 62.50
TOTAL	\$ 76.26