

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Report

Name: **Donnie MacDonald (DON140)** Month/Year: **November-19**
 District: **2**

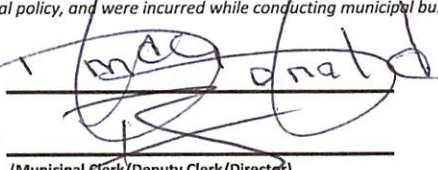
**OFFICE USE ONLY
Paid by Municipality**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PL	OTHER (\$) OTH	Amount (\$)	AMOUNT
Nov.04/19	A.A.H.S.Tenant Selection .	14	\$ 6.42				\$ 6.42	
Nov.19/19	Committee Of The Whole	16	\$ 7.34				\$ 7.34	
	Regular Municipal Council		\$ -				\$ -	
Nov.20/19	R.K.MacDonald Nursing Home	10	\$ 4.59				\$ 4.59	
Nov.21/19	OHS& Wellness Training	16	\$ 7.34				\$ 7.34	
Nov.25/19	Antigonish Heritage Museum	12	\$ 5.50				\$ 5.50	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		68	\$ 31.18	\$ -	\$ -	\$ 62.50	\$ 93.68	\$ -

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 2
 Signature: 
 Approved by: _____
 (Municipal Clerk/Deputy Clerk/Director)

Date: Dec 16/19

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 31.18
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
TOTAL	\$ 93.68