

MUNICIPALITY OF THE COUNTY OF ANTIGONISH

Council Expense Report

Name: **Vaughan Chisholm (VAU050)**

Month/Year

Sep-19

District: **4**

OFFICE USE ONLY
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
SEPT 3rd	COW/ASSET MANAGEMENT		\$ 8.83				\$ 8.83	
SEPT. 5th	R.C.M.P. ADVISORY BOARD		\$ 5.74				\$ 5.74	
SEPY.17 th	REG COUNCIL (NO QUORUM)		\$ 8.83				\$ 8.83	
SEPT. 18th	JOINT COUNCILS MEETING		\$ 5.74				\$ 5.74	
SEPT. 23rd	REG. COUNCIL MEETING/CoW		\$ 8.83				\$ 8.83	
SEPT. 25TH	R K BUILDINGS & GROUNDS		\$ 5.74				\$ 5.74	
	Breakfast with the Candidates							\$ 34.50
SEPT.26th	RK REG. MONTHLY MEETING		\$ 5.74				\$ 5.74	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		0	\$ 49.45	\$ -	\$ -	\$ 62.50	\$ 111.95	\$ 34.50

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 4

Signature: _____

Vaughan Chisholm

Date: _____

Oct 25/19

Approved by: _____

(Municipal Clerk/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 49.45
ML- GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 111.95