

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Neil Corbett (NEI020)

Month/Year: July 2020

District: 9

Date	Details of Expense	Km Travelled	TRAVEL(\$)		PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$)		Amount (\$)
			TRV	MEAL (\$)		ML	OTH	
	No Meetings		\$ -					\$ -
			\$ -					\$ -
			\$ -					\$ -
			\$ -					\$ -
	Internet					\$ 22.50		\$ 22.50
	Cell Phone Stipend					\$ 40.00		\$ 40.00
TOTAL		0	\$ -	\$ -	\$ -	\$ 62.50		\$ 62.50

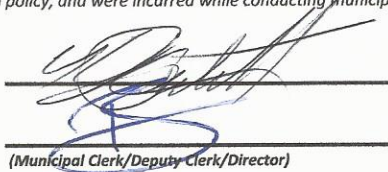
TYPES OF EXPENSE
Expense Codes
TRV - Travel -Mileage, Parking, Hotel, Taxi
ML - Meal Expenses
PD - Professional Development (training/conference)
OTH - Other - ie: Phone, Internet, Incidentals
Mileage Rate - \$0.4670/KM

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 9

Signature: _____



Date: _____

SEPT 7/20

Approved by: _____

(Municipal Clerk/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202130	\$ -
ML - GL# - 10-210-2110-202130	\$ -
PD - GL# - 10-210-2110-202130	\$ -
OTH - GL# - 10-210-2110-202130	\$ 62.50
TOTAL	\$ 62.50