

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Mary MacLellan (MAR120)

Month/Year Sep-20

OFFICE USE ONLY

District: 1

**Paid by
Municipality**

Date	Details of Expense	Km Travelled	TRAVEL (\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
08-Sep-20	COW/Council	61	\$ 28.49				\$ 28.49	
16-Sep-20	Joint Council	61	\$ 28.49				\$ 28.49	
30-Sep-20	ACALA	61	\$ 28.49				\$ 28.49	
28-Sep-20	COW/Asset Management	61	\$ 28.49				\$ 28.49	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		244	\$ 113.95	\$ -	\$ -	\$ 62.50	\$ 176.45	\$ -

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 1

Signature: 

Date: _____

Approved by: 

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 113.95
ML- GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 176.45