

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Remi Deveau (REM060)
District: 5

Month/Year December-20


OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
Dec 1st	Council	30	\$ 14.01				\$ 14.01	
Dec 9th	OHS	30	\$14.10				\$14.10	
Dec 14th	Council	30	\$ 14.01				\$ 14.01	
Dec 15th	Low Carbon workshop	30	\$ 14.01				\$ 14.01	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		120	\$ 56.04	\$ -	\$ -	\$ 62.50	\$ 118.54	\$ -

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 5
Signature: 
Approved by: _____
(Municipal CAO/Deputy Clerk/Director)

Date: Jan 11th / 2021

Office Use Only	
TRV - GL# - 10-210-2110-202126	\$ 56.04
ML- GL# - 10-210-2110-202126	\$ -
PD - GL# - 10-210-2110-202126	\$ -
OTH - GL# - 10-210-2110-202126	\$ 62.50
TOTAL	\$ 118.54