

MUNICIPALITY OF THE COUNTY OF  
**ANTIGONISH**

Council Expense Claim Report

Name: Harris McNamara **HAROLIS** Month/Year: February-21  
District: 9

OFFICE USE ONLY  
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
03 - 02 - 2021	Occupational Health & Safety Meeting	79.8	\$ 37.27				\$ 37.27	
09 - 02 - 2021	Committee of the Whole / Council Asset Management Committee	79.8	\$ 37.27				\$ 37.27	
23 - 02 - 2021	of the Whole	79.8	\$ 37.27				\$ 37.27	
24 - 02 - 2021	Council mtg with town St Joesph	104	\$ 48.57				\$ 48.57	
							\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>343.4</b>	<b>\$ 160.37</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 222.87</b>	<b>\$ -</b>

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:

*James Harris McNamara*  
*[Signature]*  
(Municipal CAO/Deputy Clerk/Director)

Date:

*February 24/2021*

Approved by:

Office Use Only	
TRV - GL# - 10-210-2110-202130	\$ 160.37
ML - GL# - 10-210-2110-202130	\$ -
PD - GL# - 10-210-2110-202130	\$ -
OTH - GL# - 10-210-2110-202130	\$ 62.50
<b>TOTAL</b>	<b>\$ 222.87</b>