

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Harris McNamara (HAR015)

Month/Year: Mar 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
02-Mar-21	Quality of life/CoW	79.8	\$ 36.83				\$ 36.83	
08-Mar-21	EMO Presentation	79.8	\$ 36.83				\$ 36.83	
09-Mar-21	CoW/Council	79.8	\$ 36.83				\$ 36.83	
10-Mar-21	Solar Project Meeting	79.8	\$ 36.83				\$ 36.83	
23-Mar-21	CoW-Asset Management/ OHS	79.8	\$ 36.83				\$ 36.83	
24-Mar-21	OHS Conference	79.8	\$ 36.83				\$ 36.83	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		478.8	\$ 220.97	\$ -	\$ -	\$ 62.50	\$ 283.47	\$ -

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 - \$0.4615/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: April 13/2021

Approved by: 
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202130	\$ 220.97
ML - GL# - 10-210-2110-202130	\$ -
PD - GL# - 10-210-2110-202130	\$ -
OTH - GL# - 10-210-2110-202130	\$ 62.50
TOTAL	\$ 283.47