

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Shawn Brophy (SHA030)**

Month/Year March-21

District: **4**

OFFICE USE ONLY
Paid by
Municipality

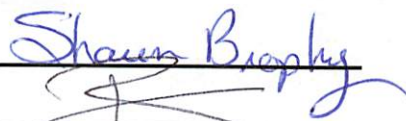
Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
09-Mar-21	Cow/Council	14.4	\$ 6.65				\$ 6.65	
11-Mar-21	Police Advisory - Town chambers	7.2	\$ 3.32				\$ 3.32	
18-Mar-21	Chambers	7.2	\$ 3.32				\$ 3.32	
23-Mar-21	CoW/Asset Management	14.4	\$ 6.65				\$ 6.65	
25-Mar-21	RK MacDonald Nursing Home	14.4	\$ 6.65				\$ 6.65	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		57.6	\$ 26.58	\$ -	\$ -	\$ 62.50	\$ 89.08	\$ -

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

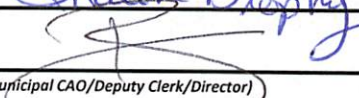
Per Diem Rates	
Meal	Rate per Day
Incidental	\$ 10.00
Breakfast	\$ 15.00
Lunch	\$ 20.00
Dinner	\$ 36.00
Total per day	\$ 81.00

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 4

Signature: 

Date: _____

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

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 26.58
ML - GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 89.08