MUNICIPALITY OF THE COUNTY OF ANTIGONISI

Council Expense Claim Report

Name:

Gary Mattie (GAR010)

Month/Year:

March-21

OFFICE USE ONLY Paid by Municipality

District: 8

PROFESSIONAL TRAVEL(\$) Km **DEVELOPMENT (\$)** OTHER (\$) **Details of Expense** Travelled TRV MEAL (\$) ML Date PD OTH **AMOUNT** Amount (\$) Meet with Tammy & Emily to discuss accessible washrooms March 22nd 61 28.15 28.15 January 27th Office - Accessible Washrooms 28.15 28.15 \$ \$ \$ \$ \$ Internet 22.50 22.50 Cell Phone Stipend 40.00 40.00 TOTAL 122 Ś 56.30 62.50 118.80

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 36.00 Dinner \$ 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 8

Signature:

Date:

Approved by:

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202129	\$ 56.30
ML- GL# - 10-210-2110-202129	\$ -
PD - GL# - 10-210-2110-202129	\$
OTH - GL# - 10-210-2110-202129	\$ 62.50
TOTAL	\$ 118.80

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