ANTIGONISH

Council Expense Report

Name: Glenn Horne (GLE010)

Month/Year

January-21

CAO

| Date | Details of Expense | Km Travelled | TRAVEL(\$) TRV | MEAL (\$) ML | PROFESSIONAL DEVELOPMENT (\$) PD | OTHER (\$) OTH | Amount (\$) |
|----------|--------------------|-----------------|-------------------|--------------|--|-------------------|-------------|
| | None | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| 200, 100 | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | | | \$ - | | | | \$ - |
| | TOTAL | 0 | \$ - | \$ - | \$ - | \$ - | \$ - |

| 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.

Signature:

Date:

Approved by:

e: <u>San 29/21</u>

| Office Use Only | |
|--------------------------------|---------|
| TRV - GL# - 10-210-2123-201116 | \$ - |
| ML- GL# - 10-210-2123-201116 | \$ - |
| PD - GL# - 10-210-2123-201116 | \$ - |
| OTH - GL# - 10-210-2123-201116 | \$ |
| TOTAL | \$ |