ANTIGONISH

\$

\$

\$

\$

Council Expense Claim Report

Name: Harris McNamara (HAR015) Month/Year: August-21 OFFICE USE ONLY aid by Municipalit District: 9 PROFESSIONAL OTHER (\$) Km TRAVEL(\$) **DEVELOPMENT (\$)** AMOUNT Travelled TRV MEAL (\$) ML OTH PD Amount (\$) Date **Details of Expense** \$ \$ \$ \$ \$ \$ \$ \$ \$

Date:

TYPES OF EXPENSE	
	xpense Codes
TRV - Travel -Mileage,	Parking, Hotel, Taxi
ML - Meal Expenses	
PD - Professional Deve	lopment (training/conference)
OTH - Other - ie: Phon	e, Internet, Incidentals
Mileage Rate - \$0.461	S/KM

Internet

Cell Phone Stipend

Timeage Hate	VOLTOZO/THIT		
I certify that the a	mounts claimed in ti	his request are accurate, in	accordance
with the municing	I policy and ware in	curred while conducting m	unicipal business

District 9 Signature:

Approved by:

(Municipal CAO/Deputy Clerk/Director)

Office Use Only

TRV - GL# - 10-210-2110-202130 \$
ML- GL# - 10-210-2110-202130 \$
PD - GL# - 10-210-2110-202130 \$
OTH - GL# - 10-210-2110-202130 \$ 62.50

TOTAL \$ 62.50

TOTAL

0

Per Die	m Rate	S
Meal	Rate per Da	
Incidental	\$	10.00
Breakfast	\$	15.00
Lunch	\$	20.00
Dinner	\$	36.00
Total per day	\$	81.00

\$

\$

\$

\$

\$

\$

22.50

40.00

62.50

22.50 \$

40.00 \$

62.50

Septao/21