

MUNICIPALITY OF THE COUNTY OF  
**ANTIGONISH**

**Council Expense Report**

Name: **Donnie MacDonald (DON140)**

Month/Year

August-19

District: **2**

OFFICE USE ONLY  
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PL	OTHER (\$) OTH	Amount (\$)	AMOUNT
27-Aug-19	Open House Information Meeting	56	\$ 25.68				\$ 25.68	
	Proposed Oyster Aquaculture		\$ -				\$ -	
	Operation Antigonish Harbour		\$ -				\$ -	
	Lakevale Community Centre		\$ -				\$ -	
			\$ -				\$ -	
06-Aug-19	Asset Management	16	\$ 7.34				\$ 7.34	
	Committee Of the Whole		\$ -				\$ -	
	Council Meeting		\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>72</b>	<b>\$ 33.01</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 95.51</b>	<b>\$ -</b>

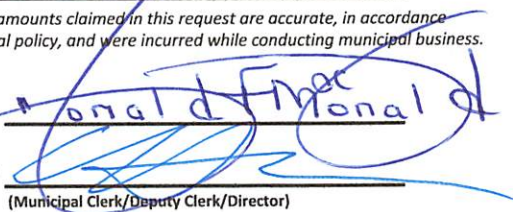
TYPES OF EXPENSE:
<b>Expense Codes</b>
TRV - Travel -Mileage, Parking, Hotel, Taxi
ML - Meal Expenses
PD - Professional Development (training/conference)
OTH - Other - ie: Phone, Internet, Incidentals
Mileage Rate - \$0.4585/KM

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 2

Signature:



Date:

\_\_\_\_\_

Approved by:

(Municipal Clerk/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 33.01
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
<b>TOTAL</b>	<b>\$ 95.51</b>