

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Report

Name: Mary MacLellan (MAR120) **Month/Year** Dec-19
District: 1

**OFFICE USE ONLY
Paid by Municipality**

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
03-Dec-19	CoW/Asset	61	\$ 27.97				\$ 27.97	
04-Dec-19	Joint Countil	61	\$ 27.97				\$ 27.97	
06-Dec-19	R.K. MacDonald Nursing Home	54	\$ 24.76				\$ 24.76	
09-Dec-19	Beech Hill	61	\$ 27.97				\$ 27.97	
11-Dec-19	R.K. MacDonald Nursing Home	54	\$ 24.76				\$ 24.76	
12-Dec-19	Library (NewGlasgow)	110	\$ 50.44				\$ 50.44	
14-Dec-19	Christmas Party	54	\$ 24.76				\$ 24.76	
17-Dec-19	Municipal Council	61	\$ 27.97				\$ 27.97	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		516	\$ 236.59	\$ -	\$ -	\$ 62.50	\$ 299.09	\$ -

Expense Codes
TRV - Travel -Mileage, Parking, Hotel, Taxi
ML - Meal Expenses
PD - Professional Development (training/conference)
OTH - Other - ie: Phone, Internet, Incidentals
Mileage Rate - \$0.4585/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 1
Signature: Mary MacLellan
Approved by: [Signature]
(Municipal Clerk/Deputy Clerk/Director)

Date: Jan 22 2020

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 236.59
ML - GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 299.09