

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Remi Deveau (REM060) **Month/Year** March-21
District: 5

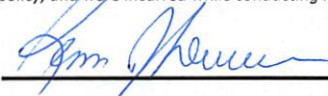
OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
March 2nd	CoW & Quality of life report	30	\$ 13.85				\$ 13.85	
March 4th	OHS meeting	30	\$ 13.85				\$ 13.85	
March 8th	EMO meeting	30	\$ 13.85				\$ 13.85	
March 9th	CoW & Council	30	\$ 13.85				\$ 13.85	
March 24th	OHS conference	30	\$ 13.85				\$ 13.85	
March 25th	OHS conference	30	\$ 13.85				\$ 13.85	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		180	\$ 83.07	\$ -	\$ -	\$ 62.50	\$ 145.57	\$ -

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
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 5
Signature: 

Date: June 29th, 2021

Approved by: _____
 (Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202126	\$ 83.07
ML - GL# - 10-210-2110-202126	\$ -
PD - GL# - 10-210-2110-202126	\$ -
OTH - GL# - 10-210-2110-202126	\$ 62.50
TOTAL	\$ 145.57