

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Report**

Name: **Glenn Horne (GLE010)**  
CAO

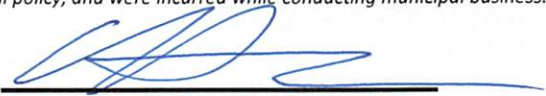
Month/Year February-21

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)
	None		\$ -				\$ -
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			\$ -				\$ -
<b>TOTAL</b>		<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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: \_\_\_\_\_

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	\$ -
<b>TOTAL</b>	<b>\$ -</b>