

**MUNICIPALITY OF THE COUNTY OF  
ANTIGONISH**

**Council Expense Claim Report**

Name: **John Dunbar (JOH030)**

Month/Year: October-21

District: **7**

OFFICE USE ONLY  
Paid by  
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
12-Oct-21	CoW / Council meeting	16	\$ 7.38				\$ 7.38	
25-Oct-21	Meeting with Queens Reg Mun	18	\$ 8.31				\$ 8.31	
26-Oct-21	CoW / Asset Mgmt	16	\$ 7.38				\$ 7.38	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>50</b>	<b>\$ 23.08</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 85.58</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 - \$0.4615/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 7

Signature: \_\_\_\_\_

*John Dunbar*

Date: \_\_\_\_\_

*Nov 30/21*

Approved by: \_\_\_\_\_

*[Signature]*  
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202128	\$ 23.08
ML - GL# - 10-210-2110-202128	\$ -
PD - GL# - 10-210-2110-202128	\$ -
OTH - GL# - 10-210-2110-202128	\$ 62.50
<b>TOTAL</b>	<b>\$ 85.58</b>