

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

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

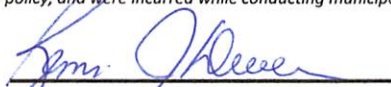
OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
06-Oct-21	OHS Meeting	16	\$ 7.38				\$ 7.38	
08-Oct-21	Physician Navigator Meeting	16	\$ 7.38				\$ 7.38	
12-Oct-21	Council/CoW	16	\$ 7.38				\$ 7.38	
25-Oct-21	Joint Town and County	16	\$ 7.38				\$ 7.38	
26-Oct-21	Asset Management/CoW	16	\$ 7.38				\$ 7.38	
27-Oct-21	Hospital Help Day	16	\$ 7.38				\$ 7.38	
27-Oct-21	President's Dinner STFX	16	\$ 7.38				\$ 7.38	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		112	\$ 51.69	\$ -	\$ -	\$ 62.50	\$ 114.19	\$ -

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: Nov 30th, 2021

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

Office Use Only	
TRV - GL# - 10-210-2110-202126	\$ 51.69
ML - GL# - 10-210-2110-202126	\$ -
PD - GL# - 10-210-2110-202126	\$ -
OTH - GL# - 10-210-2110-202126	\$ 62.50
TOTAL	\$ 114.19