

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Mary MacLellan (MAR120)**

Month/Year Sep-21

OFFICE USE ONLY
Paid by
Municipality

District: **1**

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PD)	OTHER OTH (\$)	Amount (\$)	AMOUNT
03-Sep-21	RK Meeting	45	\$ 20.77				\$ 20.77	
09-Sep-21	Library Meeting	56.4	\$ 26.03				\$ 26.03	
13-Sep-21	Town/County	61	\$ 28.15				\$ 28.15	
14-Sep-21	COW/Council	61	\$ 28.15				\$ 28.15	
20-Sep-21	RK MacDonald	45	\$ 20.77				\$ 20.77	
21-Sep-21	Northern Pulp/Council	61	\$ 28.15				\$ 28.15	
27-Sep-21	Club 60	57.4	\$ 26.49				\$ 26.49	
28-Sep-21	Asset Management/CoW	61	\$ 28.15				\$ 28.15	
29-Sep-21	RK MacDonald Nursing home	45	\$ 20.77				\$ 20.77	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		492.8	\$ 227.43	\$ -	\$ -	\$ 62.50	\$ 289.93	\$ -

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 1

Signature: Mary Mac Lellan

Date: Nov. 30 - 2021

Approved by: [Signature]

(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 227.43
ML- GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 289.93