

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **John Dunbar (JOH030)**

Month/Year: December-21

OFFICE USE ONLY
Paid by
Municipality

District: **7**

| Date | Details of Expense | Km Travelled | TRAVEL(\$) TRV | MEAL (\$) ML | PROFESSIONAL DEVELOPMENT (\$) PD | OTHER (\$) OTH | Amount (\$) | AMOUNT |
|--------------|-------------------------|--------------|-------------------|--------------|-------------------------------------|-----------------|-----------------|-------------|
| 07-Dec-21 | Special council meeting | 16 | \$ 7.38 | | | | \$ 7.38 | |
| | | | \$ - | | | | \$ - | |
| | | | \$ - | | | | \$ - | |
| | | | \$ - | | | | \$ - | |
| | | | \$ - | | | | \$ - | |
| | | | \$ - | | | | \$ - | |
| | | | \$ - | | | | \$ - | |
| | | | \$ - | | | | \$ - | |
| | | | \$ - | | | | \$ - | |
| | Internet | | | | | \$ 22.50 | \$ 22.50 | |
| | Cell Phone Stipend | | | | | \$ 40.00 | \$ 40.00 | |
| TOTAL | | 16 | \$ 7.38 | \$ - | \$ - | \$ 62.50 | \$ 69.88 | \$ - |

| 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 7

Signature: John Dunbar

Date: Feb 22/22

Approved by: _____

(Municipal CAO/Deputy Clerk/Director)

| Office Use Only | |
|--------------------------------|-----------------|
| TRV - GL# - 10-210-2110-202128 | \$ 7.38 |
| ML - GL# - 10-210-2110-202128 | \$ - |
| PD - GL# - 10-210-2110-202128 | \$ - |
| OTH - GL# - 10-210-2110-202128 | \$ 62.50 |
| TOTAL | \$ 69.88 |