

# MUNICIPALITY OF THE COUNTY OF ANTIGONISH

## Council Expense Claim Report

**Name:** Shawn Brophy (SHA030)      **Month/Year** October-21  
**District:** 4



**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	Council/CoW	14.4	\$ 6.65					
26-Oct-21	Asset Management/CoW	14.4	\$ 6.65					
			\$ -					
			\$ -					
			\$ -					
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>28.8</b>	<b>\$ 13.29</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 62.50</b>	<b>\$ -</b>

Expense Codes
TRV - Travel -Mileage, Parking, Hotel, Taxi
ML - Meal Expenses
PD - Professional Development (training/conference)
OTH - Other - le-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
<b>Total per day</b>	<b>\$ 81.00</b>

*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 4**  
**Signature:**   
**Approved by:**   
 (Municipal CAO/Deputy Clerk/Director)

**Date:** April 5/22

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 13.29
ML - GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
<b>TOTAL</b>	<b>\$ 75.79</b>