

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Remi Deveau (REM060)
District: 5

Month/Year December-21

OFFICE USE ONLY
Paid by
Municipality


Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
07-Dec-21	Special Council	17	\$ 7.85				\$ 7.85	
December 14, 2021	CoW and Council - by zoom		\$ -				\$ -	
15-Dec-21	OHS	17	\$ 7.85				\$ 7.85	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		34	\$ 15.69	\$ -	\$ -	\$ 62.50	\$ 78.19	\$ -


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:




(Municipal CAO/Deputy Clerk/Director)

Date: Feb 22nd, 22

Approved by:

Office Use Only	
TRV - GL# - 10-210-2110-202126	\$ 15.69
ML- GL# - 10-210-2110-202126	\$ -
PD - GL# - 10-210-2110-202126	\$ -
OTH - GL# - 10-210-2110-202126	\$ 62.50
TOTAL	\$ 78.19