

MUNICIPALITY OF THE COUNTY OF ANTIGONISH

Council Expense Claim Report

Name: Donnie MacDonald (DON140) **Month/Year** March-22
District: 2

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL (\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PL	OTHER (\$) OTH	Amount (\$)	AMOUNT
March 02/22	TSOC Meeting Apleeseed Drive	10	\$ 5.11				\$ 5.11	
March 07/22	Antigonish Heritage Museum	12	\$ 6.14				\$ 6.14	
March 08/22	Committee Of The Whole	16	\$ 8.18				\$ 8.18	
	Municipal Council		\$ -				\$ -	
March 09/22	AAHS Fundraising Session	6	\$ 3.07				\$ 3.07	
March 15/22	Meeting Town Point Oysters	16	\$ 8.18				\$ 8.18	
March 22/22	Asset Management Meeting	16	\$ 8.18				\$ 8.18	
	Committee Of The Whole		\$ -				\$ -	
	Specila Council meeting		\$ -				\$ -	
March 23/22	AAHS Board Meeting	6	\$ 3.07				\$ 3.07	
March 28/22	AAHS TSSC Meeting	6	\$ 3.07				\$ 3.07	
March 31/22	ERSWM Meeting	108	\$ 55.22				\$ 55.22	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		196	\$ 100.21	\$ -	\$ -	\$ 62.50	\$ 162.71	\$ -

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 2
Signature: 
Approved by: _____
(Municipal CAO/Deputy Clerk/Director)

Date: April 19/22

Office Use Only	
TRV - GL# - 10-210-2110-202123	\$ 100.21
ML - GL# - 10-210-2110-202123	\$ -
PD - GL# - 10-210-2110-202123	\$ -
OTH - GL# - 10-210-2110-202123	\$ 62.50
TOTAL	\$ 162.71