

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: **Bill MacFarlane (BIL210)**

Month/Year: June-22

District: **10**

**OFFICE USE ONLY
Paid by
Municipality**

| Date | Details of Expense | Km Travelled | TRAVEL(\$) TRV | MEAL (\$) ML | PROFESSIONAL DEVELOPMENT (\$) PD | OTHER (\$) OTH | Amount (\$) | AMOUNT |
|--------------|--------------------|--------------|-------------------|-----------------|--|-------------------|-----------------|-------------|
| | | | \$ - | | | | \$ - | |
| | | | \$ - | | | | \$ - | |
| | | | \$ - | | | | \$ - | |
| | | | \$ - | | | | \$ - | |
| | Internet | | | | | \$ 22.50 | \$ 22.50 | |
| TOTAL | | 0 | \$ - | \$ - | \$ - | \$ 22.50 | \$ 22.50 | \$ - |

| TYPES OF EXPENSE |
|---|
| 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 |
| 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 10

Signature: 

Date: _____

Approved by: 

(Municipal CAO/Deputy Clerk/Director)

| Office Use Only | |
|--------------------------------|-----------------|
| TRV - GL# - 10-210-2110-202131 | \$ - |
| ML - GL# - 10-210-2110-202131 | \$ - |
| PD - GL# - 10-210-2110-202131 | \$ - |
| OTH - GL# - 10-210-2110-202131 | \$ 22.50 |
| TOTAL | \$ 22.50 |