

MUNICIPALITY OF THE COUNTY OF ANTIGONISH

Council Expense Claim Report

Name: **Donnie MacDonald (DON140)**

Month/Year April-22

OFFICE USE ONLY

District: **2**

Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PL)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
April 05/22	Committee Of The Whole	16	\$ 8.18				\$ 8.18	
April 07/22	Consolidation Session Coady	10	\$ 5.11				\$ 5.11	
April 11/22	A.A.H.S. Finance Meeting	6	\$ 3.07				\$ 3.07	
April 11/22	Antigonish Heritage Museum	12	\$ 6.14				\$ 6.14	
April 11/22	Consolidation St. Joseph's	30	\$ 15.34				\$ 15.34	
April 19 /22	Asset Management Meeting	16	\$ 8.18				\$ 8.18	
	Committee Of The Whole		\$ -				\$ -	
	Municipal Council Meeting		\$ -				\$ -	
April 20/22	A.A.H.S. Board Meeting	6	\$ 3.07				\$ 3.07	
April 28/22	E.R.S.W. Meeting	108	\$ 55.22				\$ 55.22	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		204	\$ 104.31	\$ -	\$ -	\$ 62.50	\$ 166.81	\$ -

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: 

Date: May 9/22

Approved by: _____

(Municipal CAO/Deputy Clerk/Director)

Office Use Only		
TRV - GL# - 10-210-2110-202123		\$ 104.31
ML- GL# - 10-210-2110-202123		\$ -
PD - GL# - 10-210-2110-202123		\$ -
OTH - GL# - 10-210-2110-202123		\$ 62.50
TOTAL		\$ 166.81