

MUNICIPALITY OF THE COUNTY OF ANTIGONISH

Council Expense Claim Report

Name: Gary Mattie (GAR010)

Month/Year: April-22

District: 8

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
11-Apr-22	St. Josephs Consolidation	98.8	\$ 50.52				\$ 50.52	
12-Apr-22	Lakevale Consolidation	107.8	\$ 55.12				\$ 55.12	
13-Apr-22	Arisaig Consolidation	120.6	\$ 61.66				\$ 61.66	
19-Apr-22	Council/CoW	58.8	\$ 30.06				\$ 30.06	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		386	\$ 197.36	\$ -	\$ -	\$ 62.50	\$ 259.86	\$ -

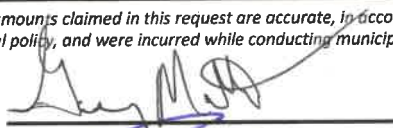
TYPES OF EXPENSE
Expense Codes
TRV - Travel -Mileage, Parking, Hotel, Taxi
ML - Meal Expenses
PD - Professional Development (training/conference)
OTH - Other - ie: Phone, Internet, Incidentals
Mileage Rate - \$0.4615/KM

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 8

Signature:



Date:

Approved by:



(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202129	\$ 197.36
ML - GL# - 10-210-2110-202129	\$ -
PD - GL# - 10-210-2110-202129	\$ -
OTH - GL# - 10-210-2110-202129	\$ 62.50
TOTAL	\$ 259.86