

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Staff Expense Claim Report

Name: Glenn Horne Date July-22

**OFFICE USE ONLY
Paid by
Municipality**

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PD)	OTHER (\$ OTH)	Amount (\$)	AMOUNT
6-Jul-22	Travel to Halifax for Meeting with DMAH	430	\$ 219.86				\$ 219.86	\$ 219.86
6-Jul-22	Lunch & Incidental		\$ -	\$ 30.00			\$ 30.00	\$ 30.00
			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
TOTAL		430	\$ 219.86	\$ 30.00	\$ -	\$ -	\$ 249.86	\$ 249.86

TYPES OF EXPENSE:	
Expense Codes	
TRAV-	Travel - Mileage, Parking, Hotel, Taxi
MEAL	- Meal Expenses
PD	- Professional Development (training/conference)
OTHE	- Other - ie-Phone, Internet, Incidentals
Mileage Rate - \$0.5113 KM	

Per Diem Rates	
Meal	Per Day
Incidental	\$ 10.00
Breakfast	\$ 15.00
Lunch	\$ 20.00
Dinner	\$ 36.00
Total /day	\$ 81.00

Signature: 
 Approved by: 
 CAO/Deputy Clerk/Director

Date: July 15 2022

TRV - GL# -	\$ 219.86
ML - GL# -	\$ 30.00
PD - GL# -	\$ -
OTH - GL# -	\$ -
TOTAL	\$ 249.86