

MUNICIPALITY OF THE COUNTY OF ANTIGONISH

Council Expense Claim Report

Name: Mary MacLellan (MAR120)

Month/Year Apr-22

OFFICE USE ONLY
Paid by
Municipality


District: 1

Date	Details of Expense	Km Travelled	TRAVEL (\$ TRV)	MEAL (\$ ML)	PROFESSIONAL DEVELOPMENT (\$ PD)	OTHER OTH	Amount (\$)	AMOUNT
04-Apr-22	Consolidation meeting -municipal office	61	\$ 31.19				\$ 31.19	
05-Apr-22	CoW	61	\$ 31.19				\$ 31.19	
07-Apr-22	Library meeting	47.6	\$ 24.34				\$ 24.34	
12-Apr-22	Consolidation - Lakevale	57.2	\$ 29.25				\$ 29.25	
13-Apr-22	Consolidation - Arisaig	6	\$ 3.07				\$ 3.07	
19-Apr-22	Council	61	\$ 31.19				\$ 31.19	
25-Apr-22	RK Nursing home	53.8	\$ 27.51				\$ 27.51	
27-Apr-22	ACALA	47.6	\$ 24.34				\$ 24.34	
28-Apr-22	Consolidation meeting -municipal office	61	\$ 31.19				\$ 31.19	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		456.2	\$ 233.26	\$ -	\$ -	\$ 62.50	\$ 295.76	\$ -

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 1
Signature: 
Approved by: _____
 (Municipal CAO/Deputy Clerk/Director)

Date: _____

Office Use Only	
TRV - GL# - 10-210-2110-202111	\$ 233.26
ML- GL# - 10-210-2110-202111	\$ -
PD - GL# - 10-210-2110-202111	\$ -
OTH - GL# - 10-210-2110-202111	\$ 62.50
TOTAL	\$ 295.76