

**MUNICIPALITY OF THE COUNTY OF
ANTIGONISH**

Council Expense Claim Report

Name: Shawn Brophy (SHA030)
District: 4

Month/Year April-22

OFFICE USE ONLY
Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
05-Apr-22	CoW	14.4	\$ 7.36				\$ 7.36	
07-Apr-22	Consolidation STFX	12.1	\$ 6.19				\$ 6.19	
11-Apr-22	Consolidation - St. Josephs	32.8	\$ 16.77				\$ 16.77	
13-Apr-22	Consolidation - Arisaig	51.4	\$ 26.28				\$ 26.28	
19-Apr-22	Council/CoW	14.4	\$ 7.36				\$ 7.36	
28-Apr-22	Consolidation St. Andrews	35.4	\$ 18.10				\$ 18.10	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
TOTAL		160.5	\$ 82.06	\$ -	\$ -	\$ 62.50	\$ 144.56	\$ -

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 4
Signature: Shawn Brophy Date: July 20/22

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

Office Use Only	
TRV - GL# - 10-210-2110-202125	\$ 82.06
ML - GL# - 10-210-2110-202125	\$ -
PD - GL# - 10-210-2110-202125	\$ -
OTH - GL# - 10-210-2110-202125	\$ 62.50
TOTAL	\$ 144.56