MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Staff Expense Claim Report

Name: Glenn Horne **Date** February-22

Date	Details of Expense	Km Travelled	TRAVEL ($) TRV	MEAL ($) ML	PROFESSIONAL DEVELOPMENT ($) PD	OTHER ($) OTH	Amount ($)	OFFICE USE ONLY Paid by Municipality AMOUNT
	None		$ -				$ -	$ -
			$ -				$ -	$ -
			$ -				$ -	$ -
			$ -				$ -	$ -
			$ -				$ -	$ -
			$ -				$ -	$ -
			$ -				$ -	$ -
			$ -				$ -	$ -
			$ -				$ -	$ -
	TOTAL	0	$ -	$ -	$ -	$ -	$ -	$ -

TYPES OF EXPENSE:
Expense Codes
TRAV- Travel -Mileage, Parking, Hotel, Taxi
MEAL - Meal Expenses
PD - Professional Development (training/conference)
OTHE - Other - le-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: _____ **Date:** 14-Jun-22

Approved by: _____
CAO/Deputy Clerk/Director

TRV - GL# -	$ -
ML- GL# -	$ -
PD - GL# -	$ -
OTH - GL# -	$ -
TOTAL	$ -