

MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Staff Expense Claim Report


Name: Glenn Horne Date March-22

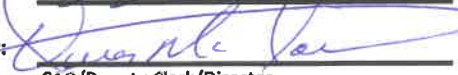
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Paid by
Municipality

Date	Details of Expense	Km Travelled	TRAVEL (\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
	None		\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
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			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
TOTAL		0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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:  Date: 14-Jun-22

Approved by: 
CAO/Deputy Clerk/Director

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