

MUNICIPALITY OF THE COUNTY OF  
**ANTIGONISH**

Council Expense Claim Report

Name: Harris McNamara (HAR015) Month/Year: July-22  
District: 9

OFFICE USE ONLY  
Paid by Municipality

Date	Details of Expense	Km Travelled	TRAVEL(\$) TRV	MEAL (\$) ML	PROFESSIONAL DEVELOPMENT (\$) PD	OTHER (\$) OTH	Amount (\$)	AMOUNT
22-Jul-11	Town & County Council Meeting	90.5	\$ 41.77				\$ 41.77	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
			\$ -				\$ -	
	Internet					\$ 22.50	\$ 22.50	
	Cell Phone Stipend					\$ 40.00	\$ 40.00	
<b>TOTAL</b>		<b>90.5</b>	<b>\$ 41.77</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 62.50</b>	<b>\$ 104.27</b>	<b>\$ -</b>

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 9  
Signature: 

Date: August 3/2022

Approved by: \_\_\_\_\_  
(Municipal CAO/Deputy Clerk/Director)

Office Use Only	
TRV - GL# - 10-210-2110-202130	\$ 41.77
ML - GL# - 10-210-2110-202130	\$ -
PD - GL# - 10-210-2110-202130	\$ -
OTH - GL# - 10-210-2110-202130	\$ 62.50
<b>TOTAL</b>	<b>\$ 104.27</b>