# TRAVEL CLAIM MUNICIPALITY O HE DISTRICT OF GUYSBOROUGH

THE INFORMATION REQUIRED IN BLOCKS MUST BE COMPLETED. DO NOT COMPLETE SHADED AREAS.

| CLAIMANT   | Vernon Pitts |  |
|------------|--------------|--|
| \$/Km Rate | 0.570        |  |
| TITLE      | Warden       |  |

| Period Covered<br>by This Report | 01-Apr-23 | to | 30-Apr-23 |  |
|----------------------------------|-----------|----|-----------|--|
|----------------------------------|-----------|----|-----------|--|

|            |                   |                    |   | ME | ALS | 14/100 | MEALS | HOTEL OR |       | KILOMETERS |         |         |
|------------|-------------------|--------------------|---|----|-----|--------|-------|----------|-------|------------|---------|---------|
| MONTH/DATE | DETAILS OF TRAVEL | GL#                | В | L  | D   | Day    | TOTAL | LODGING  | OTHER | TRAVELLED  | MILEAGE | TOTAL   |
| April 4    | Office            | 10 211 1112 200120 |   |    |     |        |       |          |       | 27.00      | \$15.39 | \$15.39 |
| April 5    | cow               | 10 211 1112 200120 |   |    |     |        |       |          |       | 27.00      | \$15.39 | \$15.39 |
| April 6    | Office            | 10 211 1112 200120 |   |    |     |        |       |          |       | 27.00      | \$15.39 | \$15.39 |
| April 7    | Office            | 10 211 1112 200120 |   |    |     |        |       |          |       | 27.00      | \$15.39 | \$15.39 |
| April 10   | Office            | 10 211 1112 200120 |   |    |     |        |       |          |       | 27.00      | \$15.39 | \$15.39 |
| April 11   | Office            | 10 211 1112 200120 |   |    |     |        |       |          | .,    | 27.00      | \$15.39 | \$15.39 |
| April 12   | Office            | 10 211 1112 200120 |   |    |     |        |       |          |       | 27.00      | \$15.39 | \$15.39 |
| April 13   | Office            | 10 211 1112 200120 |   |    |     |        |       |          |       | 27.00      | \$15.39 | \$15.39 |
| April 14   | Office            | 10 211 1112 200120 |   |    |     |        |       |          |       | 27.00      | \$15.39 | \$15.39 |
| April 17   | Office            | 10 211 1112 200120 |   |    |     |        |       |          |       | 27.00      | \$15.39 | \$15.39 |
| April 19   | Office            | 10 211 1112 200120 |   |    |     |        |       |          |       | 27.00      | \$15.39 | \$15.39 |
| April 20   | Office            | 10 211 1112 200120 |   |    |     |        |       |          |       | 27.00      | \$15.39 | \$15.39 |
| April 21   | Office            | 10 211 1112 200120 |   |    |     |        |       |          |       | 27.00      | \$15.39 | \$15.39 |
| April 24   | Office            | 10 211 1112 200120 |   |    |     |        |       |          |       | 27.00      | \$15.39 | \$15.39 |
| April 25   | Office            | 10 211 1112 200120 |   |    |     |        |       |          |       | 27.00      | \$15.39 | \$15.39 |
| April 27   | Goldboro          | 10 211 1112 200120 |   |    |     |        |       |          |       | 62.00      | \$35.34 | \$35.34 |
| April 28   | Office            | 10 211 1112 200120 |   |    |     |        |       |          |       | 27.00      | \$15.39 | \$15.39 |
|            |                   | 10 211 1112 200120 |   |    |     |        |       |          |       |            |         |         |
|            |                   | 10 211 1112 200120 |   |    |     |        |       |          |       |            |         |         |
| 12         |                   | 10 211 1112 200120 |   |    |     |        |       |          |       |            |         |         |
|            |                   | 10 211 1112 200120 |   |    |     |        |       |          |       |            |         |         |
|            |                   | 10 211 1112 200120 |   |    |     |        |       |          |       |            |         |         |

| COLUMN TOTALS | 494.00 | \$281.58 | \$281.58 |
|---------------|--------|----------|----------|

I nereby certify that the whole of the expenditure stated in the foregoing account was actually and necessarily incurred on municipal business and that tnese expenses comply with municipal expense gludelines published as Policy G-10 and that none of these expenses nave been or will be reimbursed from any other sources of funds.

Signature of Claimant



#### REQUIRED ADMINISTRATIVE APPROVALS

LACKNOWLEDGE RESPONSIBILITY THAT AL EXPENDITURES ARE VALID, IN COMPLIANCE WITH THE POLICIES OF THE MUNICIPALITY. THAT SUFFICIENT FUNDS ARE AVAILABLE T COVER THE EXPENDITURES.

| Director/CAO        | Date |  |
|---------------------|------|--|
| Director of Finance | Date |  |

# TRAVEL CLAIM MUNICIPALITY OF 1 DISTRICT OF GUYSBOROUGH

THE INFORMATION REQUIRED IN BLOCKS MUST BE COMPLETED. DO NOT COMPLETE SHADED AREAS.

| Janet Peitzsche |         |
|-----------------|---------|
| \$0.570         |         |
| Deputy Warden   |         |
|                 | \$0.570 |

| by This Report 01-Apr-23 to 30-Apr-23 |  |  |
|---------------------------------------|--|--|
|---------------------------------------|--|--|

|            |                                 |                    | S MAIN | ME | ALS |     | MEALS | HOTEL OR |       | KILOMETERS |         |        |
|------------|---------------------------------|--------------------|--------|----|-----|-----|-------|----------|-------|------------|---------|--------|
| MONTH/DATE | DETAILS OF TRAVEL               | GL#                | В      | L  | D   | Day | TOTAL | LODGING  | OTHER | TRAVELLED  | MILEAGE | TOTAL  |
| April 5    | cow                             | 10 211 1132 200160 |        |    |     |     |       |          |       | 102.00     | \$58.14 | \$58.1 |
| April 19   | Regular Monthly Council         | 10 211 1132 200160 |        |    |     |     |       |          |       | 102.00     | \$58.14 | \$58.  |
| April 21   | Canso Hospital Meeting          | 10 211 1132 200160 |        |    |     |     |       |          |       | 24.20      | \$13.79 | \$13.  |
| April 21   | Canso MLS Meeting               | 10 211 1132 200160 |        |    |     |     |       |          |       | 24.20      | \$13.79 | \$13.7 |
| April 27   | Signal Gold Goldboro Open House | 10 211 1132 200160 |        |    |     |     |       |          |       | 168.40     | \$95.99 | \$95.  |
| April 29   | Volunteer Recognition CLC       | 10 211 1132 200160 |        |    |     |     |       |          |       | 102.00     | \$58.14 | \$58.  |
|            |                                 |                    |        |    |     |     |       |          |       |            |         |        |
|            |                                 |                    |        |    |     |     |       |          |       | 8          |         | 8      |
|            |                                 |                    |        |    |     |     |       |          |       |            |         |        |
|            |                                 |                    |        |    |     |     |       |          |       |            |         |        |
|            |                                 |                    |        |    |     |     |       |          |       |            |         |        |

| COLUMN TOTALS | 522.80 | \$298.00 | \$298.00 |
|---------------|--------|----------|----------|
|               |        |          |          |

I nereby certify that the whole of the expenditure stated in the foregoing account was actually and necessarily incurred on Municipal business and that these expenses comply with Municipal expense gludelines published as Policy G-10 and that none of these expenses nave been or will be reimbursed from any other sources of funds.

Signature of Claimant



#### REQUIRED ADMINISTRATIVE APPROVALS

I ACKNOWLEDGE RESPONSIBILITY THAT AL EXPENDITURES ARE VALID, IN COMPLIANC WITH THE POLICIES OF THE MUNICIPALITY THAT SUFFICIENT FUNDS ARE AVAILABLE COVER THE EXPENDITURES.

| Director/CAO        | Date |
|---------------------|------|
|                     |      |
| Director of Finance | Date |

# TRAVEL CLAIM MUNICIPALITY C HE DISTRICT OF GUYSBOROUGH

THE INFORMATION REQUIRED IN BLOCKS MUST BE COMPLETED. DO NOT COMPLETE SHADED AREAS.

| CLAIMANT | Neil Decoff |  |
|----------|-------------|--|
| RATE     | \$0.570     |  |
| TITLE    | Councillor  |  |

| by This Report | 01-Apr-23 | to | 30-Apr-23 |
|----------------|-----------|----|-----------|
|----------------|-----------|----|-----------|

|            |                             |                    |   | ME | ALS |     | MEALS | HOTEL OR |       | KILOMETERS |         |         |
|------------|-----------------------------|--------------------|---|----|-----|-----|-------|----------|-------|------------|---------|---------|
| MONTH/DATE | ONTH/DATE DETAILS OF TRAVEL | GL#                | В | L  | D   | Day | TOTAL | LODGING  | OTHER | TRAVELLED  | MILEAGE | TOTAL   |
| April 5    | Asset Management/COW        | 10-211-1132-200140 |   |    |     |     |       |          |       | 38         | \$21.66 | \$21.66 |
| April 12   | EverWind Update             | 10-211-1132-200140 |   |    |     |     |       |          |       | 38         | \$21.66 | \$21.66 |
| April 19   | Regular Council & EMO       | 10-211-1132-200140 |   |    |     |     |       |          |       | 38         | \$21.66 | \$21.66 |
| April 20   | TAG                         | 10-211-1132-200140 |   |    |     |     |       |          |       | 38         | \$21.66 | \$21.66 |
| April 26   | ERSWM                       | 10-211-1132-200140 |   |    |     |     |       |          |       | 38         | \$21.66 | \$21.66 |
| April 27   | Signal Gold Open House      | 10-211-1132-200140 |   |    |     |     |       |          |       | 105        | \$59.96 | \$59.96 |
|            |                             |                    |   |    |     |     |       |          |       |            |         |         |
|            |                             |                    |   |    |     |     |       |          |       |            |         |         |
|            |                             |                    |   |    |     |     |       |          |       |            |         |         |
|            |                             |                    |   |    |     |     |       |          |       |            |         |         |
|            |                             |                    |   |    |     |     |       |          |       |            |         |         |
|            |                             |                    |   |    |     |     |       |          |       |            |         |         |
|            |                             |                    |   |    |     |     |       |          |       |            |         |         |

I hereby certify that the whole of the expenditure stated in the foregoing account was actually and necessarily incurred on Municipal business and that these expenses comply with Municipal expense giudelines published as Policy C-10 and that none of these expenses have been or will be reimbursed from any other sources of funds.

Signature of Claimant

COLUMN TOTALS



### REQUIRED ADMINISTRATIVE APPROVALS

\$168.26

295.20

I ACKNOWLEDGE RESPONSIBILITY THAT ALI EXPENDITURES ARE VALID, IN COMPLIANCE WITH THE POLICIES OF THE MUNICIPALITY / THAT SUFFICIENT FUNDS ARE AVAILABLE TO COVER THE EXPENDITURES.

| Director/CAO | Date |
|--------------|------|
|              |      |
|              |      |
|              |      |

Director of Finance

Date

\$168.26

# TRAVEL CLAIM MUNICIPALITY C HE DISTRICT OF GUYSBOROUGH

THE INFORMATION REQUIRED IN BLOCKS MUST BE COMPLETED. DO NOT COMPLETE SHADED AREAS.

| CLAIMANT | Market Market  |  |
|----------|----------------|--|
| CLAIMANT | Hudson MacLeod |  |
| RATE     | 0.570          |  |
| TITLE    | Councillor     |  |

| Period Covered |           |    |           |
|----------------|-----------|----|-----------|
| by This Report | 01-Apr-23 | to | 30-Apr-23 |

|            |                              |                    |   | ME | ALS |     | MEALS | HOTEL OR |       | KILOMETERS | No.     |         |
|------------|------------------------------|--------------------|---|----|-----|-----|-------|----------|-------|------------|---------|---------|
| MONTH/DATE | MONTH/DATE DETAILS OF TRAVEL | GL#                | В | L  | D   | Day | TOTAL | LODGING  | OTHER | TRAVELLED  | MILEAGE | TOTAL   |
| April 5    | cow                          | 10-211-1132-200180 |   |    |     |     |       |          |       | 124.00     | \$70.68 | \$70.68 |
| April 12   | Briefing                     | 10-211-1132-200180 |   |    |     |     |       |          |       | 124.00     | \$70.68 | \$70.68 |
| April 19   | Regular Monthly Council      | 10-211-1132-200180 |   |    |     |     |       |          |       | 124.00     | \$70.68 | \$70.68 |
|            |                              | 10-211-1132-200180 |   |    |     |     |       |          |       |            |         |         |
|            |                              | 10-211-1132-200180 |   |    |     |     |       |          |       |            |         |         |
|            |                              | 10-211-1132-200180 |   |    |     |     |       |          |       |            |         |         |
|            |                              |                    |   |    |     |     |       |          |       |            |         |         |
|            |                              |                    |   |    |     |     |       |          |       |            |         |         |
|            |                              |                    |   |    |     |     |       |          |       |            |         |         |
|            |                              |                    |   |    |     |     |       |          |       |            |         |         |
|            |                              |                    |   |    |     |     |       |          |       |            |         |         |

| COLUMN TOTALS | 372.00 | \$212.04 | \$212.04 |
|---------------|--------|----------|----------|

I hereby certify that the whole of the expenditure stated in the foregoing account was actually and necessarily incurred on Municipal business and that these expenses comply with Municipal expense giudelines published as Policy C-10 and that none of these expenses have been or will be reimbursed from any other sources of funds.

Signature of Claimant



#### REQUIRED ADMINISTRATIVE APPROVALS

I ACKNOWLEDGE RESPONSIBILITY THAT AL EXPENDITURES ARE VALID, IN COMPLIANCI WITH THE POLICIES OF THE MUNICIPALITY THAT SUFFICIENT FUNDS ARE AVAILABLE TOOVER THE EXPENDITURES.

| Director/CAO       | Date  |
|--------------------|-------|
|                    |       |
| Trooter of Lincoln | CONTO |

## TRAVEL CLAIM MUNICIPALITY O. IE DISTRICT OF GUYSBOROUGH

THE INFORMATION REQUIRED IN BLOCKS MUST BE COMPLETED. DO NOT COMPLETE SHADED AREAS.

| CLAIMANT | Fin Armsworthy |  |
|----------|----------------|--|
| RATE     | \$0.570        |  |
| TITLE    | Councillor     |  |

| Period Covered |           |    |           |
|----------------|-----------|----|-----------|
| by This Report | 01-Apr-23 | to | 30-Apr-23 |
|                | 01-Apr-20 |    | 00-Арі    |

|            |                        |                    |   | ME | ALS | In sii | MEALS | HOTEL OR |       | KILOMETERS |         |         |
|------------|------------------------|--------------------|---|----|-----|--------|-------|----------|-------|------------|---------|---------|
| MONTH/DATE | DETAILS OF TRAVEL      | GL#                | В | L  | D   | Day    | TOTAL | LODGING  | OTHER | TRAVELLED  | MILEAGE | TOTAL   |
| April 5    | Asset Management & COW | 10-211-1132-200190 |   |    |     |        |       |          |       | 98.00      | \$55.86 | \$55.86 |
| April 12   | EverWind Briefing      | 10-211-1132-200190 |   |    |     |        |       |          |       | 98.00      | \$55.86 | \$55.86 |
| April 19   | Council & EMO          | 10-211-1132-200190 |   |    |     |        |       |          |       | 98.00      | \$55.86 | \$55.86 |
|            |                        | 10-211-1132-200190 |   |    |     |        |       |          |       |            |         |         |
|            |                        |                    |   |    |     |        |       |          |       |            |         |         |
|            |                        |                    |   |    |     |        |       |          |       |            |         |         |
|            |                        |                    |   |    |     |        |       |          |       |            |         |         |
|            |                        |                    |   |    |     |        |       |          |       |            |         |         |
|            |                        |                    |   |    |     |        |       |          |       |            |         |         |

\$167.58 294.00 \$167.58 COLUMN TOTALS

I hereby certify that the whole of the expenditure stated in the foregoing account was actually and necessarily incurred on Municipal business and that these expenses comply with Municipal expense giudelines published as Policy C-10 and that none of these expenses have been or will be reimbursed from any other sources of funds.

Signature of Claimant



#### REQUIRED ADMINISTRATIVE APPROVALS

I ACKNOWLEDGE RESPONSIBILITY THAT AL EXPENDITURES ARE VALID, IN COMPLIANCI WITH THE POLICIES OF THE MUNICIPALITY, THAT SUFFICIENT FUNDS ARE AVAILABLE T COVER THE EXPENDITURES.

| Director/CAO | Date |
|--------------|------|
|              |      |
|              |      |

Director of Finance

Date