

TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Vernon Pitts
S/Km Rate	0.570
TITLE	Warden

Period Covered by This Report	01-Apr-23	to	30-Apr-23
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MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
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										
		10 211 1112 200120										
		10 211 1112 200120										
		10 211 1112 200120										
COLUMN TOTALS									494.00	\$281.58	\$281.58	

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 guidelines published as Policy C-10 and that none of these expenses have been or will be reimbursed from any other sources or funds.

Signature of Claimant



REQUIRED ADMINISTRATIVE APPROVALS

I ACKNOWLEDGE RESPONSIBILITY THAT ALL 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

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CLAIMANT	Fin Armsworthy
RATE	\$0.570
TITLE	Councillor

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

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
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										
COLUMN TOTALS									294.00	\$167.58	\$167.58	

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Signature of Claimant



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Director/CAO Date

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