

TRAVEL CLAIM MUNICIPALITY THE DISTRICT OF GUYSBOROUGH

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

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| CLAIMANT | Councillor Mary Desmond |
| RATE | \$0.525 |
| TITLE | Councillor |

| | | |
|----------------|---------------|--------------|
| Period Covered | | |
| by This Report | April 1, 2021 | to 30-Apr-21 |

| MONTH/DATE | DETAILS OF TRAVEL | GL# | MEALS | | | | MEALS TOTAL | HOTEL OR LODGING | OTHER | KILOMETERS TRAVELLED | MILEAGE | TOTAL |
|---------------|-------------------|--------------------|-------|---|---|-----|----------------|---------------------|--------|-------------------------|---------|-------|
| | | | B | L | D | Day | | | | | | |
| April 7 | COW | 10 211 1132 200130 | | | | | | | 60.00 | \$31.20 | \$31.20 | |
| April 14 | Meeting with NSHA | 10 211 1132 200130 | | | | | | | 60.00 | \$31.20 | \$31.20 | |
| April 21 | Council/EMO | 10 211 1132 200130 | | | | | | | 60.00 | \$31.20 | \$31.20 | |
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| COLUMN TOTALS | | | | | | | | | 180.00 | \$93.60 | \$93.60 | |

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 of 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.

31-Mar-20
Director/CAO Date

Director of Finance Date

