TRAVEL CLAIM MUNICIPALITY THE DISTRICT OF GUYSBOROUGH

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

	8	
CLAIMANT	Councillor Mary Desmond	_
RATE	\$0.525	_
TITLE	Councillor	

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

				ME	ALS		MEALS	HOTEL OR		KILOMETERS		
MONTH/DATE	DETAILS OF TRAVEL	GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
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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			+			+						
			+			+						
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					\vdash							

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 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 COMPLIANCE WITH THE POLICIES OF THE MUNICIPALITY , THAT SUFFICIENT FUNDS ARE AVAILABLE T COVER THE EXPENDITURES.

	31-Mar-20
Director/CAO	Date

TRAVEL CLAIM MUNICIPALITY OF E DISTRICT OF GUYSBOROUGH

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

Rickey McLaren	_
0.525	-
Councillor	-
	0.525

Period Covered			
by This Report	07-Apr-21	to	21-Apr-21

				ME	ALS		MEALS	HOTEL OR		KILOMETERS		
MONTH/DATE	DETAILS OF TRAVEL	GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
April 7	cow	10-211-1132-200180								128.00	\$67.20	\$67.20
April 21	Council	10-211-1132-200180								128.00	\$67.20	\$67.20
					-							

COLUMN TOTALS	256.00	\$134.40	\$134.40
		*	*******

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REQUIRED ADMINISTRATIVE APPROVALS

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Director/CAO	Date

Date

Director of Finance

Signature of Claimant

TRAVEL CLAIM MUNICIPALITY O. LE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Fin Armsworthy	
RATE	\$0.525	
TITLE	Councillor	_

Period Covered			
by This Report	01-Apr-21	to	30-Apr-21

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS	HOTEL OR		KILOMETERS	the self-time of	
			В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
April 7	cow	10-211-1132-200190								98.00	\$51.45	\$51.4
April 12	GALA	10-211-1132-200190			~					98.00	\$51.45	\$51.4
April 14	NSHA	10-211-1132-200190								98.00	\$51.45	\$51.4
April 25	Regular & EMO	10-211-1132-200190								98.00	\$51.45	\$51.
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				_	_							

COLUMN TOTALS	392.00	\$205.80	\$205.80
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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

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Director/CAO	Date	
Director of Finance	Date	