TRAVEL CLAIM MUNICIPALITY C IE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Neil Decoff	
RATE	\$0.575	
TITLE	Councillor	

by This Report	01-Aug-22	to	31-Aug-22

				ME	ALS		MEALS	HOTEL OR		KILOMETERS		
MONTH/DATE	DETAILS OF TRAVEL	GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
August 1	Emancipation Ceremony	10-211-1132-200140								38	\$21.85	\$21.85
August 16	GDBP Meet & Greet	10-211-1132-200140								38	\$21.85	\$21.85
		10-211-1132-200140										
		10-211-1132-200140										
		10-211-1132-200140										
		14.										

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

\$43.70

\$43.70

76.00

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
irector of Finance	Date

TRAVEL CLAIM MUNICIPALITY OF HE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Janet Peitzsche	
RATE	\$0.575	
TITLE	Councillor	

Period Covered	20.0			
by This Report	01-Aug-22	to	31-Aug-22	

			Tak.	ME	ALS		MEALS	HOTEL OR		KILOMETERS		
MONTH/DATE	DETAILS OF TRAVEL	GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
August 14	Seamans Memorial Canso	10 211 1132 200160								17.80	\$10.24	\$10.24
August 19	Eastern Memorial w/ Minister of Health & MLA	10 211 1132 200160								23.20	\$13.34	\$13.3
August 23	Canso Fire Hall w/ MLA, Minister of Health, etc.	10 211 1132 200160								21.00	\$12.08	\$12.0

COLUMN TOTALS	62.00	\$35.65	\$35.65

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 C-10 and that hone 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 ALEXPENDITURES 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 OF LIFE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Vernon Pitts	
\$/Km Rate	0.575	
TITLE	Warden	

Period Covered
by This Report August 1, 2022 to 31-Aug-22

			1	ME	ALS		MEALS	HOTEL OR		KILOMETERS		
MONTH/DATE	DETAILS OF TRAVEL	GL#	В	L	D	Day	Day TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
August 1	Guysborough Emanciapation Day	10 211 1112 200120								27.00	\$15.53	\$15.53
August 2	Office & Landfill	10 211 1112 200120								60.00	\$34.50	\$34.50
August 3	Office	10 211 1112 200120								27.00	\$15.53	\$15.53
August 4	Office & Landfill	10 211 1112 200120								60.00	\$34.50	\$34.50
August 8	Landfill	10 211 1112 200120								60.00	\$34.50	\$34.50
August 9	Office & Landfill	10 211 1112 200120								60.00	\$34.50	\$34.50
August 12	Landfill	10 211 1112 200120								60.00	\$34.50	\$34.50
August 15	Office	10 211 1112 200120								27.00	\$15.53	\$15.53
August 16	Office	10 211 1112 200120								27.00	\$15.53	\$15.53
August 18	Office	10 211 1112 200120								27.00	\$15.53	\$15.53
August 20	Antigonish	10 211 1112 200120								153.80	\$88.44	\$88.44
August 22	Office	10 211 1112 200120								27.00	\$15.53	\$15.53
August 23	Office	10 211 1112 200120								27.00	\$15.53	\$15.53
August 24	Office & Landfill	10 211 1112 200120								60.00	\$34.50	\$34.50
August 25	Office & Landfill	10 211 1112 200120								60.00	\$34.50	\$34.50
		10 211 1112 200120										
		10 211 1112 200120										

COLUMN TOTALS	762.80	\$438.61	\$438.61

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 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 ALEXPENDITURES ARE VALID, IN COMPLIANC WITH THE POLICIES OF THE MUNICIPALITY THAT SUFFICIENT FUNDS ARE AVAILABLE COVER THE EXPENDITURES.

Director of Finance D