TRAVEL CLAIM MUNICIPALITY C 1E DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Councillor Mary Desmond	
RATE	\$0.575	
TITLE	Councillor	
British and Control		

Period Covered			
by This Report	September 1, 2022	to	30-Sep-22

				ME	ALS		MEALS	HOTEL OR		KILOMETERS		
MONTH/DATE	DETAILS OF TRAVEL	GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
September 14	cow	10 211 1132 200130								60.00	\$34.50	\$34.50
September 15	Library Meeting	10 211 1132 200130								66.00	\$37.95	\$37.95
September 21	Regular Monthly Council	10 211 1132 200130								60.00	\$34.50	\$34.50
		10 211 1132 200130										
		10 211 1132 200130										
			1									
				_								

COLUMN TOTALS	186,00	\$106.95	\$106.95

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.



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.

Director/CAO	Date

Date

Signature of Claimant

Director of Finance

TRAVEL CLAIM MUNICIPALITY O. E DISTRICT OF GUYSBOROUGH

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

Neil Decoff	
\$0.575	
Councillor	
	\$0.575

by This Report	01-Sep-22	to	30-Sep-22

				ME	ALS		MEALS	HOTEL OR		KILOMETERS		
MONTH/DATE	DETAILS OF TRAVEL	GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
September 7	cow	10-211-1132-200140								38	\$21.85	\$21.85
September 15	Guys. Housing Workshop	10-211-1132-200140								38	\$21.85	\$21.85
September 21	Council	10-211-1132-200140								38	\$21.85	\$21.85
		10-211-1132-200140										
		10-211-1132-200140										
						\perp						
												·

COLUMN TOTALS 114.00 \$65.55 \$65.55

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

Director/CAO	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				
y This Report	01-Sep-22	to	30-Sep-22	

				ME	ALS	No.	MEALS	HOTEL OR		KILOMETERS		
MONTH/DATE	DETAILS OF TRAVEL	GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
September 7	cow	10 211 1132 200160								102.00	\$58.65	\$58.65
September 22	EMO Meeing for Hurricane Fiona Briefing	10 211 1132 200160								102.00	\$58.65	\$58.65
September 29-30	St. Andrews, NB. Physicians Job Fair	10 211 1132 200160		2	2		\$153.10			1,292.00	\$742.90	\$896.00

COLUMN TOTALS	\$153.10	1,496.00	\$860.20	\$1,013.30

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-1u 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 COMPLIANC WITH THE POLICIES OF THE MUNICIPALITY THAT SUFFICIENT FUNDS ARE AVAILABLE COVER THE EXPENDITURES.

Director/CAO	Date

TRAVEL CLAIM MUNICIPALITY C HE 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	01-Sep-22	to	30-Sep-22	

				ME	ALS		MEALS	HOTEL OR		KILOMETERS		
MONTH/DATE DETAILS	DETAILS OF TRAVEL	OF TRAVEL GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
September 19	Office Briefings	10 211 1112 200120								27.00	\$15,53	\$15.5
September 20	Office Briefings	10 211 1112 200120								27.00	\$15.53	\$15.5
September 21	Office/Gordon	10 211 1112 200120								27.00	\$15.53	\$15.53
September 21	Council	10 211 1112 200120								27.00	\$15.53	\$15.53
September 27	Office/Country Hrb Loop	10 211 1112 200120			1		\$54.40			140.30	\$80.67	\$135.0
September 28	Office	10 211 1112 200120								27.00	\$15.53	\$15.53
		10 211 1112 200120										
		10 211 1112 200120										
		10 211 1112 200120						75				
		10 211 1112 200120										
		10 211 1112 200120										
		10 211 1112 200120										
		10 211 1112 200120										
		10 211 1112 200120										
		10 211 1112 200120										
		10 211 1112 200120										
		10 211 1112 200120										

COLUMN TOTALS	\$54.40	275.30	\$158.30	\$212.70

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 C-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 AT 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	