

TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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

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| CLAIMANT | <u>Barry Carroll</u> |
| RATE | <u>\$0.580</u> |
| TITLE | <u>CAO</u> |

| | | | |
|----------------|------------------|----|------------------|
| Period Covered | <u>01-Nov-23</u> | to | <u>15-Nov-23</u> |
| By This Report | | | |

| MONTH/DATE | DETAILS OF TRAVEL | GL# | MEALS | | | | MEALS TOTAL | HOTEL OR LODGING | OTHER | KILOMETERS TRAVELLED | MILEAGE | TOTAL |
|----------------------|--------------------------|--------------------|-------|---|---|-----|----------------|---------------------|---------|-------------------------|----------|----------|
| | | | B | L | D | Day | | | | | | |
| November 8-9 | Halifax, NSFM Conference | 10 212 1210 201250 | 1 | | 1 | | \$84.80 | | \$22.00 | 426.00 | \$247.08 | \$353.88 |
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| COLUMN TOTALS | | | | | | | \$84.80 | | \$22.00 | 426.00 | \$247.08 | \$353.88 |

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.

Director of Finance Date

Warden Date

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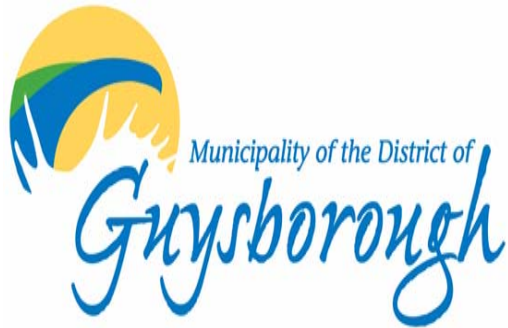
| | |
|----------|---------------------|
| CLAIMANT | Barry Carroll _____ |
| RATE | \$0.580 _____ |
| TITLE | CAO _____ |

| | | |
|----------------|-----------|--------------|
| Period Covered | | |
| by This Report | 15-Nov-23 | to 30-Nov-23 |

| MONTH/DATE | DETAILS OF TRAVEL | GL# | MEALS | | | | MEALS TOTAL | HOTEL OR LODGING | OTHER | KILOMETERS TRAVELLED | MILEAGE | TOTAL |
|----------------------|----------------------------|--------------------|-------|---|---|-----|----------------|---------------------|-------|-------------------------|----------|-----------------|
| | | | B | L | D | Day | | | | | | |
| November 26-27 | Halifax, Meetings Re: REOI | 10 212 1210 201230 | | | | 1 | \$109.45 | | | 426.00 | \$247.08 | \$356.53 |
| | | 10 212 1210 201250 | | | | | | | | | | |
| | | 10 212 1210 201250 | | | | | | | | | | |
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| COLUMN TOTALS | | | | | | | \$109.45 | | | 426.00 | \$247.08 | \$356.53 |

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Director of Finance Date

Warden Date