TRAVEL CLAIM MUNICIPALITY O JE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Councillor Mary Desmond	
RATE	\$0.580	
TITLE	Councillor	

eriod Covered			
y This Report	November 1, 2023	to	November 30, 2023

	DETAILS OF TRAVEL				MEALS I		MEALS	HOTEL OR		KILOMETERS		
MONTH/DATE		GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
Nov 15	Regular Monthly Council	10 211 1132 200130								66.00	\$38.28	\$38.28
Nov 29	Audit Committee / Budget	10 211 1132 200130								66.00	\$38.28	\$38.28
			+									
			-									
			1									
			-									
							*					

COLUMN TOTALS 132.00 \$76.56 \$76.56

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.

Director/CAO	Date	
Director of Finance	Date	

TRAVEL CLAIM MUNICIPALITY O. E DISTRICT OF GUYSBOROUGH

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

AIMANT	Neil Decoff	
TE	\$0.580	
TLE	Councillor	

eriod Covered			
y This Report	01-Nov-23	to	30-Nov-23

	DETAILS OF TRAVEL			ME	ALS		MEALS	HOTEL OR LODGING	OTHER	KILOMETERS		
MONTH/DATE		GL#	В	L	D	Day	TOTAL			TRAVELLED	MILEAGE	TOTAL
Nov 1	cow	10-211-1132-200140								38	\$22.04	\$22.0
Nov 2	GFL Liason	10-211-1132-200140								38	\$22.04	\$22.0
Nov 7-9	NSFM Halifax	10-211-1132-200140	2	1	3		\$254.70			512	\$296.96	\$551.6
Nov 11	Mulgrave (Remembrance Day)	10-211-1132-200140								38	\$22.04	\$22.0
Nov 14	ERSWM	10-211-1132-200140								38	\$22.04	\$22.0
Nov 15	Council	10-211-1132-200140								38	\$22.04	\$22.0
Nov 29	Budget Meeting	10-211-1132-200140								38	\$22.04	\$22.0
			_									

COLUMN TOTALS	\$254.70	740.00	\$429.20	\$683.90
---------------	----------	--------	----------	----------

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
Director of Finance	Date

TRAVEL CLAIM MUNICIPALITY O JE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Vernon Pitts
\$/Km Rate	0.580
TITLE	Warden

	1-N0V-23 to		
Period Covered by This Report 01	1-Nov-23 to	30-Nov-23	21

			1	ME	ALS	1865	MEALS	HOTEL OR	OR	KILOMETERS		TOTAL
MONTH/DATE	DETAILS OF TRAVEL	GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	
Nov 1	cow	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 2	Office	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 3	Interviews (Office)	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 6	Office	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 8	Office	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 10	Office	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 13	Office	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 14	Office	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 15	Office	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 17	Office	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 20	Office	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 21	Office	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 22	Office	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 24	Office	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 27	Office	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 28	Office	10 211 1112 200120								27.00	\$15.66	\$15.6
Nov 29	Office	10 211 1112 200120					50.00			27.00	\$15.66	\$15.6
Nov 30	Office	10 211 1112 200120								27.00	\$15.66	\$15.6
		10 211 1112 200120										
		10 211 1112 200120										
		10 211 1112 200120										
		10 211 1112 200120										

COLUMN TOTALS	486.00	\$281.88	\$281.8

I nerepy 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 AL EXPENDITURES ARE VALID, IN COMPLIANCE WITH THE POLICIES OF THE MUNICIPALITY, THAT SUFFICIENT FUNDS ARE AVAILABLE T COVER THE EXPENDITURES.

Director/CAO	Date	
Director of Finance	Date	

TRAVEL CLAIM MUNICIPALITY OLD E DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Dave Hanhams	
RATE	\$0.580	
TITLE	Councillor	

by This Report	01-Nov-23	to	30-Nov-23

				ME	ALS		MEALS	HOTEL OR		KILOMETERS		
MONTH/DATE	DETAILS OF TRAVEL	GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
Nov 15	Regular Monthly Council	10 211 1132 200150								98.00	\$56.84	\$56.8
Nov 29	Budget/Audit Committee	10 211 1132 200150								98.00	\$56.84	\$56.8
		10 211 1132 200150										
		10 211 1132 200150										

COLUMN TOTALS	196.00	\$113.68	\$113.68
OCCUME TO TALL	100.00	V	*******

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

Director/CAO	Date
Director 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	\$0.580	
TITLE	Deputy Warden	-

Period Covered				
by This Report	Novemeber 1, 2023	to	30-Nov-23	

				ME	ALS		MEALS	HOTEL OR		KILOMETERS		
MONTH/DATE	DETAILS OF TRAVEL	GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
Nov 1	cow	10 211 1132 200160								102.00	\$59.16	\$59.1
Nov 7-10	NSFM, Halifax	10 211 1132 200160	3	2	3		\$303.70		¥	652.00	\$378.16	\$681.8
Nov 15	Regular Monthly Council	10 211 1132 200160								102.00	\$59.16	\$59.1
Nov 15	Library Board Meeting	10 211 1132 200160								206.00	\$119.48	\$119.4
		10 211 1132 200160										
		10 211 1132 200160										
		10 211 1132 200160										
		10 211 1132 200160										
		10 211 1132 200160										
								5:				·

COLUMN TOTALS	\$303.70	1,062.00	\$615.96	\$919.66

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 nave been or will be reimbursed from any other sources of funds.

Signature of Claimant



REQUIRED ADMINISTRATIVE APPROVALS

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

Director/CAO	Date

Date

Director of Finance

TRAVEL CLAIM MUNICIPALITY O. IE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Hudson MacLeod	
RATE	0.580	
TITLE	Councillor	

by This Report 01-	Nov-23 to	30-Nov-23

MONTH/DATE		GL#	I.		MEALS		MEALS	HOTEL OR		KILOMETERS		
	DETAILS OF TRAVEL		В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
Nov 1	cow	10-211-1132-200180								124.00	\$71.92	\$71.9
Nov 7-10	NSFM, Halifax	10-211-1190-200250	3	1	2		\$218.60			488.00	\$283.04	\$501.6
Nov 15	Regular Monthly Council	10-211-1132-200180								124.00	\$71.92	\$71.9
Nov 29	5 Year Budget / Audit Committee	10-211-1132-200180								124.00	\$71.92	\$71.9
		10-211-1132-200180										
		10-211-1132-200180										
												N:

COLUMN TOTALS	\$218.60	860.00	\$498.80	\$717.40

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 COMPLIANCI WITH THE POLICIES OF THE MUNICIPALITY THAT SUFFICIENT FUNDS ARE AVAILABLE TOVER THE EXPENDITURES.

Director/CAO	Date

Director of Finance Date

TRAVEL CLAIM MUNICIPALITY OF E DISTRICT OF GUYSBOROUGH

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

5		
CLAIMANT	Fin Armsworthy	
RATE	\$0.580	
TITLE	Councillor	

Period Covered			
by This Report	01-Nov-23	to	30-Nov-23

			BAR	ME	ALS		MEALS	HOTEL OR		KILOMETERS		
MONTH/DATE	DETAILS OF TRAVEL	GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
November 1	cow	10-211-1132-200190								98.00	\$56.84	\$56.84
November 7-10	NSFM	10-211-1132-200190	3	2	3		\$303.70			528.00	\$306.24	\$609.94
November 15	Regular Monthly Council	10-211-1132-200190								98.00	\$56.84	\$56.84
November 29	5 Year Budget	10-211-1132-200190								98.00	\$56.84	\$56.84
		10-211-1132-200190										
		10-211-1132-200190										

COLUMN TOTALS	\$303.70	822.00	\$476.76	\$780.46

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

Director of Finance	Date	
Director/CAO	Date	