

TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	<u>Vernon Pitts</u>
\$/Km Rate	<u>0.580</u>
TITLE	<u>Warden</u>

Period Covered by This Report	<u>01-Nov-23</u>	to	<u>30-Nov-23</u>
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MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
Nov 1	COW	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 2	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 3	Interviews (Office)	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 6	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 8	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 10	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 13	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 14	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 15	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 17	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 20	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 21	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 22	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 24	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 27	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 28	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 29	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
Nov 30	Office	10 211 1112 200120							27.00	\$15.66	\$15.66	
		10 211 1112 200120										
		10 211 1112 200120										
		10 211 1112 200120										
		10 211 1112 200120										
COLUMN TOTALS										486.00	\$281.88	\$281.88

I hereby certify that the whole or 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 or 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/CAO Date

Director of Finance Date

