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 | 0.595 | |
| TITLE | Warden | |
| | | |

| Period Covered | | | | |
|----------------|-----------|----|-----------|--|
| by This Report | 01-Dec-22 | to | 31-Dec-22 | |

| | | | | ME | ALS | | MEALS | S HOTEL OR | NAME OF STREET | KILOMETERS | | |
|--------------|------------------------------|--------------------|---|----|-----|-----|----------|------------|----------------|------------|---------|---------|
| MONTH/DATE | DETAILS OF TRAVEL | GL# | В | L | D | Day | TOTAL | LODGING | OTHER | TRAVELLED | MILEAGE | TOTAL |
| Dec 2 | Office | 10 211 1112 200120 | | | | | | | | 27.00 | \$16.07 | \$16.0 |
| Dec 3 | Office | 10 211 1112 200120 | | | | | | | | 27.00 | \$16.07 | \$16.0 |
| Dec 5 | Office | 10 211 1112 200120 | | | | | | | | 27.00 | \$16.07 | \$16.0 |
| Dec 6 | Office/New Harbour | 10 211 1112 200120 | | | | | | | | 76.80 | \$45.70 | \$45.7 |
| Dec 7 | COW & Council | 10 211 1112 200120 | | | | | | | | 27.00 | \$16.07 | \$16.0 |
| Dec 8 | Office | 10 211 1112 200120 | | | | | | | | 27.00 | \$16.07 | \$16.0 |
| Dec 9 | Office / Nursing Home | 10 211 1112 200120 | | | | | | | | 27.00 | \$16.07 | \$16.0 |
| Dec 12 | Office | 10 211 1112 200120 | | | | | | | | 27.00 | \$16.07 | \$16.0 |
| Dec 15 | Office | 10 211 1112 200120 | | | | | | | | 27.00 | \$16.07 | \$16.0 |
| Dec 16 | Office | 10 211 1112 200120 | | | | | | | | 27.00 | \$16.07 | \$16.0 |
| Dec 19 | Office | 10 211 1112 200120 | | | | | | | | 27.00 | \$16.07 | \$16.0 |
| Dec 20 | Office | 10 211 1112 200120 | | | | | | | | 27.00 | \$16.07 | \$16.0 |
| Dec 21 | Office | 10 211 1112 200120 | | | | | | | | 27.00 | \$16.07 | \$16.0 |
| Dec 22 | Office | 10 211 1112 200120 | | | | | | | | 27.00 | \$16.07 | \$16.0 |
| | | 10 211 1112 200120 | | | | | | | | | | |
| November 3rd | NSFM Awards Ceremony Halifax | 10 211 1112 200120 | | | | 1 | \$102.45 | | | | | \$102.4 |
| | | 10 211 1112 200120 | | | | | | | | | | |
| | | 10 211 1112 200120 | | | | | | | | | | |
| | | 10 211 1112 200120 | | | | | | | | | | |
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| · | | 10 211 1112 200120 | | | | | - | | | | | |
| | | 10 211 1112 200120 | | | | | | | | | | |

| COLUMN TOTALS | \$102.45 | 427.80 | \$254.54 | \$356.99 |
|---------------|----------|--------|----------|----------|

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 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

Director of Finance

TRAVEL CLAIM MUNIC ALITY OF HE DISTRICT OF GUYSBOROUGH

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

DETAILS OF TRAVEL

| CLAIMANT | Janet Peitzsche | |
|----------|-----------------|--|
| RATE | \$0.595 | |
| TITLE | Deputy Warden | |

| by This Report 01-Dec-22 | to | 31-Dec-22 | |
|--------------------------|----|-----------|--|

MILEAGE

KILOMETERS

TRAVELLED

| | | | | District Co. Sec. | AND THE RESERVE OF THE PARTY OF | | | | |
|---------------|--------------|--------------------|--|-------------------|--|---------|--------|---------|--------|
| December 7 | cow | 10 211 1132 200160 | | | | | 102.00 | \$60.69 | \$60.6 |
| | | 10 211 1132 200160 | | | | | | | |
| November 2022 | Taxi Reciept | 10 211 1132 200160 | | | | \$26.00 | | | \$26.0 |
| | | 10 211 1132 200160 | | | | | | | |
| | | 10 211 1132 200160 | | | | 7/1 | | | |
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MEALS

D Day

GL#

MEALS

TOTAL

HOTEL OR

LODGING

OTHER

COLUMN TOTALS \$26.00 102.00 \$60.69 **\$86.69**

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.

MONTH/DATE

Signature of Claimant



REQUIRED ADMINISTRATIVE APPROVALS

I ACKNOWLEDGE RESPONSIBILITY THAT ALEXPENDITURES ARE VALID, IN COMPLIANCE WITH THE POLICIES OF THE MUNICIPALITY THAT SUFFICIENT FUNDS ARE AVAILABLE COVER THE EXPENDITURES.

Director of Finance

Date

TOTAL

TRAVEL CLAIM MU. PALITY O JE DISTRICT OF GUYSBOROUGH

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

| CLAIMANT | Councillor Mary Desmond | |
|----------|-------------------------|--|
| RATE | \$0.595 | |
| TITLE | Councillor | |

| Period Covered | | | |
|----------------|--------------------|----|-------------------|
| by This Report | December 1, 2022 | to | December 31, 2022 |
| , mo report | 2000111201 1, 2022 | | |
| | | | |

| | | | 444 | ME | ALS | | MEALS | HOTEL OR | | KILOMETERS | | |
|------------|-------------------|--------------------|-----|----|-----|-----|-------|----------|-------|------------|---------|---------|
| MONTH/DATE | DETAILS OF TRAVEL | GL# | В | L | D | Day | TOTAL | LODGING | OTHER | TRAVELLED | MILEAGE | TOTAL |
| December 8 | Library Meeting | 10 211 1132 200130 | | | | | | | | 66.00 | \$39.27 | \$39.27 |
| | | 10 211 1132 200130 | | | | | | | | | | |
| | | 10 211 1132 200130 | | | | | | | | | | |
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| COLUMN TOTALS | 66.00 | \$39.27 | \$39.27 |
|---------------|-------|---------|---------|

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 IE DISTRICT OF GUYSBOROUGH

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

| CLAIMANT | Neil Decoff | |
|----------|-------------|--|
| RATE | \$0.595 | |
| TITLE | Councillor | |
| | | |

| Period Covered | | | |
|----------------|-----------|----|-----------|
| by This Report | 01-Dec-22 | to | 31-Dec-22 |

| | | | S CALLED | ME | ALS | | MEALS | HOTEL OR | Kan hiji | KILOMETERS | | |
|------------|-------------------|--------------------|----------|----|-----|-----|-------|----------|----------|------------|---------|---------|
| MONTH/DATE | DETAILS OF TRAVEL | GL# | В | L | D | Day | TOTAL | LODGING | OTHER | TRAVELLED | MILEAGE | TOTAL |
| Dec 7 | COW & Council | 10-211-1132-200140 | | | | | | | | 38 | \$22.61 | \$22.61 |
| | | 10-211-1132-200140 | | | | | | | | | | |
| | | 10-211-1132-200140 | | | | | | | | | | |
| | | 10-211-1132-200140 | | | | | | | | | | |
| | | 10-211-1132-200140 | | | | | | | | | | |
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| COLUMN TOTALS | 38.00 | \$22.61 | \$22.61 |
|---------------|-------|---------|---------|
| | | | |

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 | |
|--------------|------|---|
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| D: | D-4- | _ |

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 0.595 | |
| TITLE Councillor | |

| Period Covered | | | |
|----------------|-----------|----|-----------|
| y This Report | 01-Dec-22 | to | 31-Dec-22 |
| de la | | | |
| | | | |

| | | | | ME | ALS | | MEALS | HOTEL OR | | KILOMETERS | | |
|------------|-------------------|--------------------|---|----|-----|-----|-------|----------|-------|------------|---------|---------|
| MONTH/DATE | DETAILS OF TRAVEL | GL# | В | L | D | Day | TOTAL | LODGING | OTHER | TRAVELLED | MILEAGE | TOTAL |
| December 7 | COW & Council | 10-211-1132-200180 | | | | | | | | 124.00 | \$73.78 | \$73.78 |
| | | 10-211-1132-200180 | | | | | | | | | | |
| | | 10-211-1132-200180 | | | | | | | | | | |
| | | 10-211-1132-200180 | | | | | | | | | | |
| | | 10-211-1132-200180 | | | | | | | | | | |
| | | 10-211-1132-200180 | | | | | | | | | | |
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| COLUMN TOTALS | 124.00 | \$73.78 | \$73.78 |
|---------------|--------|---------|---------|

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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 |
|--------------|------|
| | |

Signature of Claimant

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 | Fin Armsworthy | |
|----------|----------------|---------|
| RATE | \$0.595 | |
| TITLE | Councillor | <u></u> |

| Period Covered | | | |
|----------------|-----------|----|-----------|
| by This Report | 01-Dec-22 | to | 31-Dec-22 |
| il- | | | |
| | | | |

| | | | | ME | ALS | 9.00 | MEALS | HOTEL OR | | KILOMETERS | | |
|------------|-------------------|--------------------|---|----|-----|------|-------|----------|-------|------------|---------|--------|
| MONTH/DATE | DETAILS OF TRAVEL | GL# | В | L | D | Day | TOTAL | LODGING | OTHER | TRAVELLED | MILEAGE | TOTAL |
| December 7 | COW & Council | 10-211-1132-200190 | | | | | | | | 98.00 | \$58.31 | \$58.3 |
| | | 10-211-1132-200190 | | | | | | | | | | |
| | 9* | 10-211-1132-200190 | | | | | | | | | | |
| | | 10-211-1132-200190 | | | | | | | | | | |
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| COLUMN TOTALS | 98.00 | \$5 | 58.31 | \$58.31 |
|---------------|-------|-----|-------|---------|
| | | | | |

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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 1 COVER THE EXPENDITURES.

| Director/CAO | Date |
|--------------|------|
| | |
| | |

Director of Finance

Date