

# TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Barry Carroll
RATE	\$0.550
TITLE	CAO

Period Covered			
by This Report	25-Mar-22	to	30-Apr-22

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
April 27	Business Development Meetings	10 212 1210 201230		1			\$22.15			434.00	\$238.70	\$260.85
<b>COLUMN TOTALS</b>							\$22.15			434.00	\$238.70	\$260.85

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