TRAVEL CLAIM MUNICIPALITY C 1E DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Neil Decoff
RATE	\$0.550
TITLE	Councillor

Period Covered			
by This Report	17-Nov-21	to	08-Dec-21

	网络尼亚亚斯 化二甲基苯基			ME	ALS		MEALS	HOTEL OR		KILOMETERS	No. 1077-12 1078	At the state of
MONTH/DATE	DETAILS OF TRAVEL	GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
-Nov 17	Council	10-211-1132-200140	_		_					38	\$20.90	\$20.9
Dec 7	Waste Management Liaison	10-211-1132-200140								23	\$12.65	\$12.6
Dec 8	COW/Council	10-211-1132-200140								38	\$20.90	\$20.9
											420.00	Ψ20.3
			-									
			-									
	-											

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

COLUMN TOTALS



REQUIRED ADMINISTRATIVE APPROVALS

\$54.45

\$54.45

99.00

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 OF IE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Vernon Pitts	
\$/Km Rate	0.550	
TITLE	Warden	

Period Covered				
by This Report	01-Dec-21	to	31-Dec-21	

建筑影响				MEA	ALS		MEALS	HOTEL OR		KILOMETERS		
MONTH/DATE	DETAILS OF TRAVEL	GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL
Dec 2	Councillor McLaren Funeral	10 211 1112 200120								101.00	\$55.55	\$55.55
Dec 7	Waste Management Liasison	10 211 1112 200120								60.00	\$33.00	\$33.00
Dec 8	cow	10 211 1112 200120								27.00	\$14.85	\$14.85
Dec 9	Council	10 211 1112 200120								27.00	\$14.85	\$14.85
Dec 10	Meeting Waste Management	10 211 1112 200120								60.00	\$33.00	\$33.00
Dec 13	Cheques	10 211 1112 200120								27.00	\$14.85	\$14.85
Dec 16	Meeting Mun Bldg	10 211 1112 200120								27.00	\$14.85	\$14.85
Dec 17	Cheques	10 211 1112 200120								27.00	\$14.85	\$14.85
Dec 20	Cheques	10 211 1112 200120					-			27.00	\$14.85	\$14.85
Dec 22	Xmas Social	10 211 1112 200120								60.00	\$33.00	\$33.00
Dec 30	ERSWM	10 211 1112 200120								60.00	\$33.00	\$33.00
		10 211 1112 200120										
		10 211 1112 200120										
		10 211 1112 200120										
		10 211 1112 200120										

COLUMN TOTALS	503.00	\$276.65	\$276.65

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

Director/CAO	Date	
Director of Finance	Date	

TRAVEL CLAIM MUNICIPALITY OF JUSTRICT OF GUYSBOROUGH

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

CLAIMANT	Fin Armsworthy	
RATE	\$0.550	
TITLE	Councillor	

Period Covered			
by This Report	01-Dec-21	to	01-Dec-22
_			

						ME	ALS		MEALS	HOTEL OR		KILOMETERS	ROSE WILL	
MONTH/DATE	DETAILS OF TRAVEL	GL#	В	L	D	Day	TOTAL	LODGING	OTHER	TRAVELLED	MILEAGE	TOTAL		
December 8	COW/Council	10-211-1132-200190								98.00	\$53.90	\$53.9		
			+											
												-		
							2							

COLUMN TOTALS	98.00	\$53.90	\$53.90

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 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	