TRAVEL CLAIM MUNICIPALITY C HE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Barry Carroll
RATE	$0.575
TITLE	CAO

Period Covered by This Report: 01-Jul-22 to 15-Jul-22

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS B	MEALS L	MEALS D	MEALS Day	MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
July 6-7	Meetings with GFL & MITI	10 211 1190 200260	1	2			$66.20			434.00	$249.55	$315.75
		10 211 1190 200260										
COLUMN TOTALS							$66.20			434.00	$249.55	**$315.75**

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

Municipality of the District of Guysborough

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.

Directo of Finance Date

Warden Date