# TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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

CLAIMANT: Warden Paul Long

RATE: $0.600

TITLE: Warden

Period Covered by This Report: 01-Apr-26 to 30-Apr-26

| MONTH/DATE | DETAILS OF TRAVEL | GL# | MEALS B | MEALS L | MEALS D | MEALS Day | MEALS TOTAL | HOTEL OR LODGING | OTHER | KILOMETERS TRAVELLED | MILEAGE | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Apr 15 | Mayors/Wardens Meeting | 10 211 1112 200120 | | 1 | | | $30.05 | | | 124.00 | $74.40 | $374.15 |
| Apr 25 | Port Hawkesbury | 10 211 1112 200120 | | | | | | | | 124.00 | $74.40 | $74.40 |
| Apr 29-May 1 | NSFM, Yarmouth | 10 211 1112 200120 | | 2 | 2 | | $183.50 | | | 1,156.00 | $693.60 | $877.10 |
| | | 10 211 1112 200120 | | | | | | | | | | |
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| COLUMN TOTALS | | | | | | | $213.55 | | | 1,404.00 | $842.40 | $1,325.65 |

**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 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

Municipality of the District of Guysborough

**REQUIRED ADMINISTRATIVE APPROVALS**

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

Director/CAO Date

Director of Finance Date

# TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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

| | |
|---|---|
| CLAIMANT | Janet Peitzsche |
| RATE | $0.600 |
| TITLE | Deputy Warden |

Period Covered by This Report: 01-Apr-26 to 30-Apr-26

| MONTH/DATE | DETAILS OF TRAVEL | GL# | MEALS B | MEALS L | MEALS D | MEALS Day | MEALS TOTAL | HOTEL OR LODGING | OTHER | KILOMETERS TRAVELLED | MILEAGE | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Apr 1 | COW | 10 211 1132 200160 | | | | | | | | 102.00 | $61.20 | $61.20 |
| Apr 25 | Volunteer Recognition | 10 211 1132 200160 | | | | | | | | 68.00 | $40.80 | $40.80 |
| | | 10 211 1132 200160 | | | | | | | | | | |
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| COLUMN TOTALS | | | | | | | | | | 170.00 | $102.00 | **$102.00** |

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Signature of Claimant

Municipality of the District of Guysborough

**REQUIRED ADMINISTRATIVE APPROVALS**

I ACKNOWLEDGE RESPONSIBILITY THAT AL EXPENDITURES 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 THE DISTRICT OF GUYSBOROUGH

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

CLAIMANT: Neil Decoff

RATE: **$0.600**

TITLE: Councillor

Period Covered by This Report: 01-Apr-26 to 30-Apr-26

| MONTH/DATE | DETAILS OF TRAVEL | GL# | MEALS B | MEALS L | MEALS D | MEALS Day | MEALS TOTAL | HOTEL OR LODGING | OTHER | KILOMETERS TRAVELLED | MILEAGE | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Apr 1 | COW & DOT | 10-211-1132-200140 | | | | | | | | 38 | $22.80 | $22.80 |
| Apr 15 | Regular Monthly Council | 10-211-1132-200140 | | | | | | | | 38 | $22.80 | $22.80 |
| Apr 22 | Divert 30th Anniversary, Masstown | 10-211-1132-200140 | | 1 | | | $30.05 | | | 372 | $223.20 | $253.25 |
| Apr 25 | Volunteer Recoginition, Port Felix | 10-211-1132-200140 | | | | | | | | 126 | $75.60 | $75.60 |
| Apr 29-May 1 | NSFM, Yarmouth | 10-211-1132-200140 | | 2 | 2 | | $183.50 | | | 1,140 | $684.00 | $867.50 |
| | | 10-211-1132-200140 | | | | | | | | | | |
| | | 10-211-1132-200140 | | | | | | | | | | |
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| COLUMN TOTALS | | | | | | | $213.55 | | | 1,714.00 | $1,028.40 | **$1,241.95** |

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Signature of Claimant

Municipality of the District of Guysborough

**REQUIRED ADMINISTRATIVE APPROVALS**

I ACKNOWLEDGE RESPONSIBILITY THAT AL EXPENDITURES ARE VALID, IN COMPLIANCI 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 OF THE DISTRICT OF GUYSBOROUGH

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

CLAIMANT: Dave Hanhams

RATE: $0.600

TITLE: Councillor

Period Covered by This Report: 01-Apr-26 to 30-Apr-26

| MONTH/DATE | DETAILS OF TRAVEL | GL# | MEALS B | MEALS L | MEALS D | MEALS Day | MEALS TOTAL | HOTEL OR LODGING | OTHER | KILOMETERS TRAVELLED | MILEAGE | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Apr 1 | COW | 10 211 1132 200150 | | | | | | | | 98.00 | $58.80 | $58.80 |
| Apr 15 | Regular Monthly Council | 10 211 1132 200150 | | | | | | | | 98.00 | $58.80 | $58.80 |
| Apr 25 | Volunteer Awards Port Felix | 10 211 1132 200150 | | | | | | | | 65.00 | $39.00 | $39.00 |
| | | 10 211 1132 200150 | | | | | | | | | | |
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| COLUMN TOTALS | | | | | | | | | | 261.00 | $156.60 | **$156.60** |

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Signature of Claimant

Municipality of the District of Guysborough

**REQUIRED ADMINISTRATIVE APPROVALS**

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WITH THE POLICIES OF THE MUNICIPALITY
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COVER THE EXPENDITURES.

Director/CAO Date

Director of Finance Date

# TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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

CLAIMANT: Hudson MacLeod

RATE: **0.600**

TITLE: Councillor

Period Covered by This Report: 01-Apr-26 to 30-Apr-26

| MONTH/DATE | DETAILS OF TRAVEL | GL# | MEALS B | MEALS L | MEALS D | MEALS Day | MEALS TOTAL | HOTEL OR LODGING | OTHER | KILOMETERS TRAVELLED | MILEAGE | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Apr 1 | COW | 10-211-1132-200180 | | | | | | | | 124.00 | $74.40 | $74.40 |
| | | 10-211-1132-200180 | | | | | | | | | | |
| | | 10-211-1132-200180 | | | | | | | | | | |
| | | 10-211-1132-200180 | | | | | | | | | | |
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| COLUMN TOTALS | | | | | | | | | | 124.00 | $74.40 | **$74.40** |

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Signature of Claimant

Municipality of the District of Guysborough

**REQUIRED ADMINISTRATIVE APPROVALS**

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COVER THE EXPENDITURES.

Director/CAO Date

Director of Finance Date

# TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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

CLAIMANT: Fin Armsworthy

RATE: $0.600

TITLE: Councillor

Period Covered by This Report: 01-Apr-26 to 30-Apr-26

| MONTH/DATE | DETAILS OF TRAVEL | GL# | MEALS B | MEALS L | MEALS D | MEALS Day | MEALS TOTAL | HOTEL OR LODGING | OTHER | KILOMETERS TRAVELLED | MILEAGE | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Apr 1 | COW & DOT | 10-211-1132-200190 | | | | | | | | 98.00 | $58.80 | $58.80 |
| Apr 15 | Regular Monthly Council | 10-211-1132-200190 | | | | | | | | 98.00 | $58.80 | $58.80 |
| | | 10-211-1132-200190 | | | | | | | | | | |
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| COLUMN TOTALS | | | | | | | | | | 196.00 | $117.60 | **$117.60** |

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Signature of Claimant

Municipality of the District of Guysborough

**REQUIRED ADMINISTRATIVE APPROVALS**

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COVER THE EXPENDITURES.

Director/CAO Date

Director of Finance Date