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-Aug-25 to 31-Aug-25

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS B	MEALS L	MEALS D	MEALS Day	MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
August 6	Savalette, Port Felix	10 211 1112 200120								95.00	$57.00	$127.92
August 10	Seamans Memorial, Canso	10 211 1112 200120								96.00	$57.60	$57.60
		10 211 1112 200120										
		10 211 1112 200120										
COLUMN TOTALS										191.00	$114.60	**$185.52**

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-Aug-25 to 31-Aug-25

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS B	MEALS L	MEALS D	MEALS Day	MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
August 10	Seamen's Memorial, Canso	10 211 1132 200160								22.00	$13.20	$13.20
August 11	Coyote Meeting, Lions Club Canso	10 211 1132 200160								22.00	$13.20	$13.20
August 21	EverWind, Port Hawkesbury	10 211 1132 200160								234.00	$140.40	$140.40
		10 211 1132 200160										
		10 211 1132 200160										
		10 211 1132 200160										
		10 211 1132 200160										
		10 211 1132 200160										
		10 211 1132 200160										
COLUMN TOTALS										278.00	$166.80	**$166.80**

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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	Susan Cashin
$/Km Rate	0.600
TITLE	Councillor

Period Covered by This Report: 01-Aug-25 to 31-Aug-25

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS B	MEALS L	MEALS D	MEALS Day	MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
August 21	EverWind, Port Hawkesbury	10 211 1132 200170								222.00	$133.20	$133.20
		10 211 1132 200170										
		10 211 1112 200170										
		10 211 1112 200170										
		10 211 1112 200170										
		10 211 1112 200170										
		10 211 1112 200170										
		10 211 1112 200170										
		10 211 1112 200170										
COLUMN TOTALS										222.00	$133.20	**$133.20**

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 COMPLIANC 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	Hudson MacLeod
RATE	**0.600**
TITLE	Councillor

Period Covered by This Report: 01-Aug-25 to 31-Aug-25

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS B	MEALS L	MEALS D	MEALS Day	MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
Aug 21	EverWind, Port Hawkesbury	10-211-1132-200180								291.00	$174.60	$174.60
		10-211-1132-200180										
		10-211-1132-200180										
		10-211-1132-200180										
COLUMN TOTALS										291.00	$174.60	**$174.60**

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

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COVER THE EXPENDITURES.

Director/CAO Date

Director of Finance Date