

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

CLAIMANT	Warden Paul Long
RATE	\$0.595
TITLE	Warden

Period Covered by This Report	01-Dec-24	to	31-Dec-24
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[illegible]

COLUMN TOTALS	\$27.95	563.00	\$334.99	\$579.18
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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.

REQUIRED ADMINISTRATIVE APPROVALS

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.



Signature of Claimant

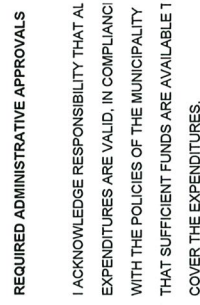
Director/CAO Date

Director of Finance Date

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CLAIMANT	Neil Decoff
RATE	\$0.595
TITLE	Councillor

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

[illegible]

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Period Covered by This Report	01-Dec-24	to	31-Dec-24
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[illegible]

REQUIRED ADMINISTRATIVE APPROVALS

Signature of Claimant _____

Gysoorovich

Director/CAO Date

Director of Finance Date



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

CLAIMANT	Hudson MacLeod
RATE	0.595
TITLE	Councillor

Period Covered by This Report	01-Dec-24	to	31-Dec-24
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[illegible]

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.

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.



Signature of Claimant

Director/CAO	Date
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Director of Finance Date