

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

CLAIMANT	Warden Paul Long
RATE	\$0.615
TITLE	Warden

Period Covered by This Report	01-Feb-25	to	28-Feb-25
----------------------------------	-----------	----	-----------

[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 AND THAT SUFFICIENT FUNDS ARE AVAILABLE TO COVER THE EXPENDITURES.

Director/CAO	Date
Director of Finance	Date



Signature of Claimant

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

Period Covered	01-Feb-25	to	28-Feb-25
----------------	-----------	----	-----------

[illegible]

COLUMN TOTALS	294.00	\$180.81
---------------	--------	----------

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 _____

Director of Finance

Date

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

CLAIMANT	Janet Peitzsche
RATE	\$0.615
TITLE	Deputy Warden

Period Covered by This Report	to	28-Feb-25
----------------------------------	----	-----------

[illegible]

COLUMN TOTALS	306.00	\$188.19	\$188.19
---------------	--------	----------	----------

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 or 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

Guyborough

Director/CAO	Date
Director of Finance	Date

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

Period Covered by This Report	to	28-Feb-25
----------------------------------	----	-----------

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 punished as Policy C-10 and that none of these expenses have been or will be reimbursed from any other sources or funds.

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

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	0.615
TITLE	Councillor

Period Covered by This Report	01-Feb-25	to	28-Feb-25
----------------------------------	-----------	----	-----------

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS			MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D						
Feb 5	COW	10-211-1132-200180							124.00	\$76.26	\$76.26
Feb 12	ANS Meeting, Special Council	10-211-1132-200180							124.00	\$76.26	\$76.26
Feb 19	Regular Monthly Council	10-211-1132-200180							124.00	\$76.26	\$76.26
		10-211-1132-200180									
		10-211-1132-200180									
		10-211-1132-200180									
		10-211-1132-200180									
COLUMN TOTALS									372.00	\$228.78	\$228.78

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

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.

Director/CAO

Date

Director of Finance

Date



Director of Finance
Date