

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

Period Covered
by This Report 01-Jul-25 to 31-Jul-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 published as Policy C-10 and that none of these expenses have been or will be reimbursed from any other sources of funds.



Municipality of the District of
Guysborough

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.

Date _____

TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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CLAIMANT	Janet Peitzsche
RATE	\$0.600
TITLE	Deputy Warden

Period Covered by This Report	01-Jul-25	to	31-Jul-25
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MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
July 2	COW	10 211 1132 200160								102.00	\$61.20	\$61.20
July 21	Special Council Meeting	10 211 1132 200160								102.00	\$61.20	\$61.20
		10 211 1132 200160										
		10 211 1132 200160										
		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										204.00	\$122.40	\$122.40

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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 COVER THE EXPENDITURES.

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 01-Jul-25 to 31-Jul-25

COLUMN TOTALS	196.00	\$120.54	\$120.54
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Signature of Claimant



Director/CAO _____ Date _____

Director of Finance Date

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Period Covered _____
by This Report 01-Jul-25 _____ to 31-Jul-25

COLUMN TOTALS	196.00	\$117.60	\$117.60
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Signature of Claimant



Director/CAO _____ Date _____

Director of Finance Date

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Period Covered
by This Report

01-Jul-25 to 31-Jul-25

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Municipality of the District of
Guysborough

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Director or Finance Date

TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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CLAIMANT	<u>Hudson MacLeod</u>
RATE	<u>0.600</u>
TITLE	<u>Councillor</u>

Period Covered	
by This Report	<u>01-Jul-25</u> to <u>31-Jul-25</u>

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
July 2	GFL & COW	10-211-1132-200180								158.00	\$94.80	\$94.80
July 9	Fathom, CLC	10-211-1132-200180								124.00	\$74.40	\$74.40
July 16	Audit Committee & Council	10-211-1132-200180								124.00	\$74.40	\$74.40
July 21	Special Council	10-211-1132-200180								124.00	\$74.40	\$74.40
COLUMN TOTALS										530.00	\$318.00	\$318.00

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REQUIRED ADMINISTRATIVE APPROVALS

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Director/CAO Date

Director of Finance Date

Signature of Claimant

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-Jul-25	to	31-Jul-25

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
July 2	COW	10-211-1132-200190								98.00	\$58.80	\$58.80
July 16	Regular Monthly Council	10-211-1132-200190								98.00	\$58.80	\$58.80
July 21	Special Council	10-211-1132-200190								98.00	\$58.80	\$58.80
		10-211-1132-200190										
		10-211-1132-200190										
		10-211-1132-200190										
		10-211-1132-200190										
COLUMN TOTALS										294.00	\$176.40	\$176.40

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Signature of Claimant



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Director/CAO Date

Director of Finance Date