

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

Period Covered
by This Report 01-Jun-26 to 30-Jun-26

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 _____

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Director of Finance Date

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Director or Finance Date



Signature of Claimant

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	01-Jun-26	to	30-Jun-26

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS	HOTEL OR	OTHER	KILOMETERS	MILEAGE	TOTAL
			B	L	D	Day	TOTAL	LODGING		TRAVELLED		
June 3	COW	10-211-1132-200180								124.00	\$74.40	\$74.40
June 17	Regular Monthly Council	10-211-1132-200180								124.00	\$74.40	\$74.40
		10-211-1132-200180										
		10-211-1132-200180										
		10-211-1132-200180										
COLUMN TOTALS										248.00	\$148.80	\$148.80

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REQUIRED ADMINISTRATIVE APPROVALS

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