

TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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

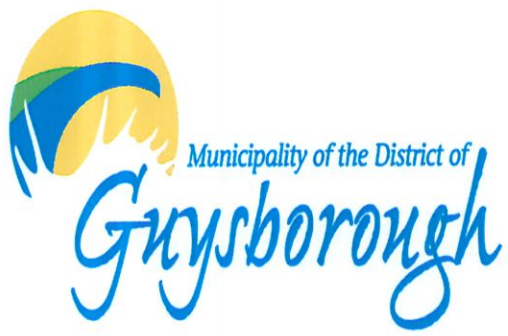
CLAIMANT	Barry Carroll
RATE	\$0.595
TITLE	CAO

Period Covered	01-Nov-25	to	30-Nov-25
by This Report			

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
Nov 5-8	Meetings in Halifax	10 211 1190 200270				3	\$358.20	\$927.39		550.00	\$327.25	\$1,612.84
Nov 27	Work Contract	10 212 1210 201220						\$442.83				\$442.83
COLUMN TOTALS							\$358.20	\$927.39	\$442.83	550.00	\$327.25	\$2,055.67

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 of Finance Date

Warden Date