

TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Janet Peitzsche
RATE	\$0.600
TITLE	Deputy Warden

Period Covered by This Report	01-Sep-25	to	30-Sep-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						
Sept 3	COW	10 211 1132 200160								102.00	\$61.20	\$61.20
Sept 4	Recruitment Meeting	10 211 1132 200160								102.00	\$61.20	\$61.20
Sept 25	Home Board	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										
COLUMN TOTALS										306.00	\$183.60	\$183.60

I hereby certify that the whole or 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.

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 September 1, 2025 to September 30, 2025

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

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EXPENDITURES ARE VALID, IN COMPLIANCE
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COVER THE EXPENDITURES.

Date _____

Date _____

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

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Period Covered
by This Report

01-Sep-25 to 30-Sep-25

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Municipality of the District of
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Director or 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	0.600
TITLE	Councillor

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

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
Sept 3	COW	10-211-1132-200180								180.00	\$108.00	\$108.00
Sept 4	KBRS	10-211-1132-200180								124.00	\$74.40	\$74.40
Sept 17	Regular Monthly Council	10-211-1132-200180								124.00	\$74.40	\$74.40
Sept 27	New Harbour, Fire Department Anniversary	10-211-1132-200180								90.00	\$54.00	\$54.00
COLUMN TOTALS										518.00	\$310.80	\$310.80

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Director/CAO Date

Director of Finance Date

Signature of Claimant

TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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CLAIMANT	<u>Fin Armsworthy</u>
RATE	<u>\$0.600</u>
TITLE	<u>Councillor</u>

Period Covered	
by This Report	<u>01-Sep-25</u> to <u>30-Sep-25</u>

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
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Sept 3	COW	10-211-1132-200190								98.00	\$58.80	\$58.80
Sept 4	KBRS	10-211-1132-200190								98.00	\$58.80	\$58.80
Sept 17	Regular Monthly 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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Director/CAO Date

Director of Finance Date

Signature of Claimant