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: $0.530

TITLE: CAO

Period Covered by This Report: 07-Feb-19 to 08-Feb-19

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS B	MEALS L	MEALS D	MEALS Day	MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
Feb 7-8	Grant Thornton re: Nursing Homes, DMA re REN, MLA & Minister	10-212-1210-201230	1	2	1		$109.95			430.00	$227.90	$337.85
	Personal Recovery								-$78.20			-$78.20
COLUMN TOTALS							$109.95		-$78.20	430.00	$227.90	**$259.65**

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 giudelines 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

Municipality of the District of Guysborough

REQUIRED ADMINISTRATIVE APPROVALS

I ACKNOWLEDGE RESPONSIBILITY THAT AL
EXPENDITURES ARE VALID, IN COMPLIANC
WITH THE POLICIES OF THE MUNICIPALITY
THAT SUFFICIENT FUNDS ARE AVAILABLE T
COVER THE EXPENDITURES.

Directo of Finance Date

Warden Date