

## TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Miles MacDonald
RATE	\$0.525
TITLE	Councillor

Period Covered		
by This Report	01-Oct-19	to 31-Oct-19

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
october 30, 2019	Mulgrave Library Board Meeting	10-211-1132-200125							106.00	\$55.65	\$55.65	
		10-211-1132-200125										
<b>COLUMN TOTALS</b>									106.00	\$55.65	\$55.65	

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 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 AND THAT SUFFICIENT FUNDS ARE AVAILABLE TO COVER THE EXPENDITURES.

01-Nov-19  
\_\_\_\_\_  
Director/CAO                      Date

\_\_\_\_\_  
Director of Finance                      Date

### TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Sheila Pelly
RATE	\$0.525
TITLE	Deputy Warden

Period Covered	October 01, 2019		to	31-Oct-19
by This Report				

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
		10 271 7110 201250										
Oct 23	Recreation NS Conference Truro	10 271 7110 201250			1	\$50.55						\$50.55
Oct 27	Red Head Service Goldboro	10-211-1132-200130							89.40	\$46.94		\$46.94
<b>COLUMN TOTALS</b>							\$50.55		89.40	\$46.94		\$97.49

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.

01-Nov-19  
Director/CAO Date

\_\_\_\_\_  
Director of Finance Date

**TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH**

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

CLAIMANT	<u>Neil Decoff</u>
RATE	<u>\$0.525</u>
TITLE	<u>Councillor</u>

Period Covered			
by This Report	<u>01-Oct-19</u>	to	<u>31-Oct-19</u>

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
Oct 02	COW/Special Council	10-211-1132-200140								38	\$19.95	\$19.95
Oct 8	Board meeting Canso	10-211-1132-200140								127	\$66.47	\$66.47
Oct 15	Meeting Point Tupper	10-211-1132-200140								116	\$60.69	\$60.69
Oct 16	Council & EMO	10-211-1132-200140								38	\$19.95	\$19.95
Oct 17	Ananconda meeting Guys	10-211-1132-200140								38	\$19.95	\$19.95
Oct 29	Meeting CEO NSFMs Guys	10-211-1132-200140								38	\$19.95	\$19.95
Oct 30	Breakfast meeting TIANs Guys	10-211-1132-200140								38	\$19.95	\$19.95
<b>COLUMN TOTALS</b>										<b>432.20</b>	<b>\$226.91</b>	<b>\$226.91</b>

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/CAO      Date

\_\_\_\_\_  
Director of Finance      Date

TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	<u>Dave Hanhams</u>
RATE	<u>\$0.525</u>
TITLE	<u>Councillor</u>

Period Covered			
by This Report	<u>01-Oct-19</u>	to	<u>31-Oct-19</u>

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
October 02, 2019	COW	10 211 1132 200150							98.00	\$51.45	\$51.45	
October 16, 2019	Council	10 211 1132 200150							98.00	\$51.45	\$51.45	
COLUMN TOTALS									196.00	\$102.90	\$102.90	

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.

\_\_\_\_\_  
Date: 12-Nov-19  
Director/CAO

\_\_\_\_\_  
Date: \_\_\_\_\_  
Director of Finance

# TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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

<b>CLAIMANT</b>	Janet Peitzsche
<b>RATE</b>	\$0.525
<b>TITLE</b>	Councillor

Period Covered by This Report	01-Oct-19	to	31-Oct-19
----------------------------------	-----------	----	-----------

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
Oct 02	COW	10-211-1132-200160							102.00	\$53.55	\$53.55	
Oct 03	CLC in Canso MLS	10-211-1132-200160							22.00	\$11.55	\$11.55	
Oct 16	Regular Council	10-211-1132-200160							102.00	\$53.55	\$53.55	
<b>COLUMN TOTALS</b>									226.00	\$118.65	\$118.65	

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

**TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH**

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

CLAIMANT	Vernon Pitts
RATE	\$0.525
TITLE	Warden

Period Covered by This Report	01-Oct-19	to	31-Oct-19
----------------------------------	-----------	----	-----------

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
Oct 02	Meeting guys	10-211-1112-200120								27.00	\$14.18	\$14.18
Oct 02	COW	10-211-1112-200120								27.00	\$14.18	\$14.18
Oct 08	Office signing cheques	10-211-1112-200120								27.00	\$14.18	\$14.18
Oct 10	Nursing Home	10-211-1112-200120								27.00	\$14.18	\$14.18
Oct 14	Office signing cheques	10-211-1112-200120								27.00	\$14.18	\$14.18
Oct 17	Anaconda Meeting	10-211-1112-200120								27.00	\$14.18	\$14.18
Oct 22	Office Briefing	10-211-1112-200120								27.00	\$14.18	\$14.18
Oct 28	Office signing cheques	10-211-1112-200120								27.00	\$14.18	\$14.18
Oct 29	NSFM meeting Guys	10-211-1112-200120								27.00	\$14.18	\$14.18
Oct 30	Office signing cheques	10-211-1112-200120								27.00	\$14.18	\$14.18
		10-211-1112-200120								27.00	\$14.18	\$14.18
		10-211-1112-200120								27.00	\$14.18	\$14.18
<b>COLUMN TOTALS</b>										<b>324.00</b>	<b>\$170.10</b>	<b>\$170.10</b>

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.

\_\_\_\_\_  
Date  
01-Nov-19  
Director/CAO

\_\_\_\_\_  
Date  
Director of Finance

TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

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

CLAIMANT	Rickey McLaren
RATE	0.525
TITLE	Councillor

Period Covered	01-Oct-19	31-Oct	30-Sep-19
by This Report			

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
Oct 02	COW	10-211-1132-200180							128.00	\$67.20	\$67.20	
Oct 08	GALA	10-211-1132-200180							128.00	\$67.20	\$67.20	
Oct 08	Home Board	10-211-1132-200180							132.00	\$69.30	\$69.30	
Oct 16	Council & EMO	10-211-1132-200180							128.00	\$67.20	\$67.20	
Oct 17	Anaconda meeting Guys	10-211-1132-200180							128.00	\$67.20	\$67.20	
Oct 17	Open House Anaconda	10-211-1132-200180							40.00	\$21.00	\$21.00	
Oct 29	Meeting J Spenser CAO NSFM Guys	10-211-1132-200180							128.00	\$67.20	\$67.20	
<b>COLUMN TOTALS</b>									812.00	\$426.30	\$426.30	

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.



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.

03-Oct-19

Director/CAO

Date

Signature of Claimant

Director of Finance

Date

**TRAVEL CLAIM MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH**

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

CLAIMANT	<u>Fin Armsworthy</u>
RATE	<u>\$0.525</u>
TITLE	<u>Councillor</u>

Period Covered	by This Report	<u>01-Oct-19</u>	to	<u>31-Oct-19</u>
----------------	----------------	------------------	----	------------------

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
October 02, 2019	COW meeting	10-211-1132-200190							98.00	\$51.45	\$51.45	
October 16, 2019	Council meeting	10-211-1132-200190							98.00	\$51.45	\$51.45	
October 16, 2019	EMO meeting	10-211-1132-200190			1		\$50.55				\$50.55	
<b>COLUMN TOTALS</b>							\$50.55		196.00	\$102.90	\$153.45	

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.

<u>12-Nov-19</u>	
Director/CAO	Date
_____ Director of Finance	_____ Date