

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	\$0.500
TITLE	Deputy Warden

Period Covered		
by This Report	August 23, 2017	to 27-Aug-17

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
August 23	Older Adult Games, Liscomb	10-211-1132-200130							230.00	\$115.00	\$115.00	
August 27	Capsule Seating, Guysborough Historical Society	10-211-1132-200130							38.00	\$19.00	\$19.00	
COLUMN TOTALS									268.00	\$134.00	\$134.00	

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



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CLAIMANT	Vernon Pitts
RATE	\$0.500
TITLE	Warden

Period Covered	22-Aug-17	to	24-Aug-17
by This Report			

MONTH/DATE	DETAILS OF TRAVEL	GL#	MEALS				MEALS TOTAL	HOTEL OR LODGING	OTHER	KILOMETERS TRAVELLED	MILEAGE	TOTAL
			B	L	D	Day						
Aug 22	Sign Cheques/CAO, Guysborough	10-211-1112-200120							27.00	\$13.50	\$13.50	
Aug 24	Office, Guysborough	10-211-1112-200120							27.00	\$13.50	\$13.50	
Aug 24	Nursing Home, Administrator in PM, Guys	10-211-1112-200120							27.00	\$13.50	\$13.50	
COLUMN TOTALS									81.00	\$40.50	\$40.50	

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Signature of Claimant



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Director/CAO                      Date

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Director of Finance                      Date