

Board Honoraria/Expense Claim Form

Board Name Brazeeau County Library Board  
 Month Ended October, 2015  
 Name Donna Gawalko

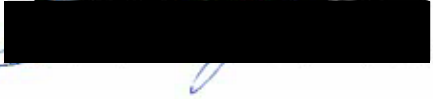
Approved by: 

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
Oct. 8	Board mtg with DU Municipal	1/2 Day	170				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oct. 21 -	County Lib. Meeting	1/2 Day	170				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTALS				0						

Notes

Chq #  
0078  
Nov. 5/15

Total Honoraria	8340
Total Expenses	-
Total Mileage	\$ -
<b>TOTAL CLAIM AMT:</b>	<b>\$ 8340</b>

Date: Oct. 21/2015  
 Signature: 

I hereby certify that the whole of the expenditure was incurred on County business, that each item given is correct, and that amounts claimed have not previously been paid to me or on my behalf.

Board Honoraria/Expense Claim Form

Board Name Brazos County Library Board  
 Month Ended October 2015  
 Name Colleen Schoeninger

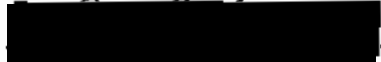
Approved by: 

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
Oct 8	Joint Mtg with D.V. Library Board	1/2 Day	170				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oct 21	BCLB Regular meeting	1/2 Day	170				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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TOTALS				0						

Notes

Chq #  
0079  
Nov. 5/15


Total Honoraria	\$ 370
Total Expenses	—
Total Mileage	\$ —
<b>TOTAL CLAIM AMT:</b>	<b>\$ 370</b>

Date: October 21, 2015  
 Signature: 

I hereby certify that the whole of the expenditure was incurred on County business, that each item given is correct, and that amounts claimed have not previously been paid to me or on my behalf.

Board Honoraria/Expense Claim Form


Board Name: FRANCINE FAIRFIELD.  
 Month Ended: OCTOBER 31 2015  
 Name: LIBRARY BOARD

Approved by: 

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
Oct. 8/15	JOINT MEETING	1/2 Day	170				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oct. 21/15	BOARD MEETING	1/2 Day	170				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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TOTALS				0						

Notes  
 Chq # 0080  
 Nov. 5/15

Total Honoraria	\$ 340
Total Expenses	—
Total Mileage	\$ —
<b>TOTAL CLAIM AMT:</b>	<b>\$ 340</b>

Date: October 31, 2015  
 Signature: 

I certify that the whole of the expenditure was incurred in county business, that each item given is correct, and that amounts claimed have not previously been paid to me or on my behalf.