

Board Honoraria/Expense Claim Form

Board Name FRANCINE FAIRFIELD.  
 Month Ended SEPTEMBER 2015.  
 Name LIBRARY BOARD.

Approved by: 

Date	Details	Time	Honoraria	Mileage (k.m's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
SEPT-16	LIBRARY BOARD	3:00-5:00	170.	60			<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"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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							<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"/>	
TOTALS				0						

Notes

Total Honoraria	\$ 170.00
Total Expenses	
Total Mileage	\$ 33.00
<b>TOTAL CLAIM AMT:</b>	<b>\$ 203.00</b>

Date: SEPT-16-2015

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 LIBRARY  
 Month Ended SEPTEMBER  
 Name JONNA CAWAKO


Approved by: 

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
Sept. 10	Plan of Service CDU Municipal		170				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sept. 16	Lib. Board Mtg.		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"/>	
							<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"/>	
							<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"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TOTALS</b>				0						

*Notes*

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

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.

Date: Sept. 16, 2015  
 Signature: 

Board Honoraria/Expense Claim Form

Board Name Brazeau County Library Board  
 Month Ended September  
 Name Colleen Schoeninger

Approved by: 

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
Sept 16	B.C. Library Board Mtg		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"/>	
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							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TOTALS</b>				0						

Notes

Total Honoraria	170
Total Expenses	
Total Mileage	\$ -
<b>TOTAL CLAIM AMT:</b>	<b>170</b>

Date: Sept 16 / 15

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.