

Board Honoraria/Expense Claim Form

Board Name Library Board
 Month Ended December JUNE - 2015
 Name Francine Fairfield

Chg #
 0072
 June 9/2015
 Approved by: 

Date		Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
MAY-14	BRETON PLAN OF SERVICE.	1/2 Day	\$170	30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JUNE-03	LIBRARY BOARD	1/2 Day	\$170	30			<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"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTALS				0						

Notes

Total Honoraria	\$340
Total Expenses	
Total Mileage	\$33
TOTAL CLAIM AMT:	\$373

Date:

Signature:



June 3, 2015

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 Name

Library Board

Board Honoraria/Expense Claim Form

Chg # 0071
June 9, 2015

Month Ended

June

Name

Donna Gaudin

Approved by:

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS				
					Hotel	Other	B	L	D	\$ Amt	
June 3/15	Library Board Mtg	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"/>	
								<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"/>	
								<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"/>	
								<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"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTALS					0						

Notes

Total Honoraria	\$170
Total Expenses	-
Total Mileage	\$ -
TOTAL CLAIM AMT:	\$170

Date:

June 3/2015

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.

Chq# 0070

Name

B.C.L.B.

June

Colleen Schoeninger

June 9, 2015

Approved by:

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS				
					Hotel	Other	B	L	D	\$ Amt	
June 3	BCLB mtg	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"/>	
								<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						

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Total Honoraria	\$170
Total Expenses	=
Total Mileage	\$ =
TOTAL CLAIM AMT:	\$170

Date:

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.