Board Honoraria/Expense Claim Form

Board Name: MPC / LVB.
Month Ended:
Name: Jason Kennedy.

Approved by: [redacted]

Date	Details		Time	Honoraria	Mileage (km's)	Other Expenses: Hotel	Other Expenses: Other	MEALS: B	L	D	$ Amt
JAN 11	LVB	271	$275.00	1 DAY	32	x 0.54 = 17.28		☐	☐	☐	
JAN 12	MPC	170	$172.00	½ DAY	32	x 0.54 = 17.28		☐	☐	☐	
JAN 15	LVB	271	$275.00	1 DAY	32	x 0.54 = 17.28		☐	☐	☐	
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TOTALS					0						

Notes

ENTERED

Total Honoraria	~~722.00~~ 712.00
Total Expenses	
Total Mileage	$ 51.84 -
TOTAL CLAIM AMT:	~~773.84~~ 763.84

Date: January. 15/16

Signature: [redacted]

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.

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Lyn Jorsting MONTH ENDED: Jan 2015 APPROVED BY: [redacted]

DATE	DETAILS	TIME	CONVENT.	ASB	MPC	Payroll SDAB	Payroll OTHER	KM'S	MEALS B	MEALS L	MEALS D	MEALS $ AMT	HOTEL	OTHER
Jan 11	LUB					271	275.00	28						
Jan 15	LUB					271	275.00	28						
TOTAL							550.00							

ENTERED

542.00

56 kms x ~~55~~ 54 = 30.~~20~~ 24

TOTAL HONORARIA

TOTAL EXPENSES 590.24 572.24

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.

SIGNATURE: [redacted] DATE: Jan 16-2016 TOTAL CLAIM: ~~590.20~~ 24 572.24

INK POT REF# L6348

Board Honoraria/Expense Claim Form

Board Name: SDAB

Month Ended: DECEMBER 31/15

Name: BARB GABRIELSON

Approved by: [redacted]

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses: Hotel	Other Expenses: Other	MEALS: B	L	D	$ Amt
Dec 29/15	SDAB HEARING	½ DAY	170.00	~~38~~ 24 km x .55			☐	☐	☐	
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TOTALS			170.00	0						

Notes

ENTERED

Total Honoraria	170.00
Total Expenses	
Total Mileage	$ ~~20.90~~ 13.20
TOTAL CLAIM AMT:	~~190.90~~ 183.20

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: Dec 29/2015

Signature: [redacted]