ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Duane Movald MONTH ENDED: Oct./2016 APPROVED BY: [redacted]

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	ASB	LARB/ CARB	MPC	DAB	OTHER	KM'S	MEALS B	MEALS L	MEALS D	MEALS $ AMT	HOTEL	OTHER
		Payroll															
Oct.19/16	ASB meeting $170	½ Day									88						
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month																
TOTAL																	

ENTERED

170.00
47.52
$217.52

88 .54 kms x .50=$47.52

TOTAL HONORARIA

TOTAL EXPENSES

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: Oct.19/2016 TOTAL CLAIM: $217.52

INK POT REF# G4381

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Lyn Joestring MONTH ENDED: October APPROVED BY: [redacted]

DATE	DETAILS	TIME	CONVENT.	Payroll ASB	MPC	SDAB	OTHER	KM'S	MEALS B	MEALS L	MEALS D	MEALS $ AMT	HOTEL	OTHER
10/19	ASB meeting	1/2		170				40						
TOTAL				170										

kms x .55= 22.00

TOTAL HONORARIA

TOTAL EXPENSES 191.00

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: Oct 19. 2016 TOTAL CLAIM: 191.00

JM

INK POT REF# L6348

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Allan Goddard MONTH ENDED: Oct 2016 APPROVED BY: [redacted]

DATE	DETAILS	TIME	Payroll: COUNCIL 02-11-00-151	ADMIN 02-11-00-152	CONVENT. 02-11-00-154	ASB 02-82-00-151	WOODLOT 02-6 3-08-151	MPC 02-66-01-151	DAB 02-86-02-151	OTHER 02-11-00-153	Accounts Payable: KM'S	MEALS B	L	D	S AMT	HOTEL	OTHER
Oct 19 2016	Regular ASB Meeting	4hrs				170.00					60						
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month																
TOTAL						170											

ENTERED

60 kms x .54

TOTAL HONORARIA

TOTAL A/P 32.40

I HEREBY CERTIFY THAT THE WHOLE OF THE EXPENDITURE WAS INCURRED ON MD 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: Oct 19, 2016 TOTAL CLAIM: 202.40

INK POT REF# B2401

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Rick Ennis MONTH ENDED: Oct 2016 APPROVED BY: [redacted]

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	Payroll ASB	LARB/ CARB	MPC	DAB	OTHER	KM'S	MEALS B	MEALS L	MEALS D	MEALS $ AMT	HOTEL	OTHER
28 Sept	Lunch with Lisa and ASB														83.92		
Oct 7	AWES Tour					271.00					80						
Oct 19/21	ASB Meeting					170.00					80						
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month																
TOTAL						441.00									83.92		

ENTERED

160 kms x ~~50~~ 54 = 86.40

TOTAL HONORARIA

TOTAL EXPENSES 170.32

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: Oct 19/2016 TOTAL CLAIM: 611.32

INK POT REF# G4181