Board Name SDAB.

Month Ended AUGUST - 2017

Name FRANCINE FAIRFIELD

Board Honoraria/Expense Claim Form

Approved by: [redacted]

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	$ Amt
AUG-14	SDAB		170	50			☐	☐	☐	
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TOTALS				0						

Notes

Total Honoraria	170—
Total Expenses	27—
Total Mileage	$ -
TOTAL CLAIM AMT:	197—

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: AUG-14-2017

Signature: [redacted]

Board Honoraria/Expense Claim Form

Board Name: SDAB

Month Ended: Aug

Name: Babara Gabrielson

Approved by: [redacted]

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	$ Amt
Aug 14/2017	SDAB hearing		170	38			☐	☐	☐	
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TOTALS				0						

Notes

Total Honoraria	170—
Total Expenses	20.52
Total Mileage	$ -
TOTAL CLAIM AMT:	190.52

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: Aug 14/2017

Signature: [redacted]

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Duane Moxild MONTH ENDED: Aug 2017 APPROVED BY: [redacted]

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	Payroll ASB	Payroll LARB/CARB	Payroll MPC	Payroll DAB	Payroll OTHER	KM'S	MEALS B	MEALS L	MEALS D	MEALS $ AMT	HOTEL	OTHER
July 11-14	Provincial ASB Conference					1,047					428						
Aug 16	ASB Meeting				170	1/2 Day					88						
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month																
TOTAL					1217												

516 kms x .54 = 278.64

TOTAL HONORARIA

TOTAL EXPENSES 1,495.64

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: Aug 16/17 TOTAL CLAIM:

INK POT REF# G4381

Board Honoraria/Expense Claim Form

Board Name MPC

Month Ended

Name Jason Kennedy

Approved by: [redacted]

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	$ Amt
Aug 2, 2017	MPC		1/2 day	32Km x .54 = 17.28			☐	☐	☐	
			170.00				☐	☐	☐	
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TOTALS				0						

Notes

Total Honoraria	170.00
Total Expenses	
Total Mileage	$ 17.28
TOTAL CLAIM AMT:	187.28

ENTERED

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: Aug 2, 2017

Signature: [redacted]

Board Honoraria/Expense Claim Form

Board Name MPC
Month Ended August 2017
Name Sylvia Strathern

Approved by: [redacted]

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	$ Amt
Aug 2/17	170-075 . . .	½ Day	170.00	125 x .54 = 67.50			☐	☐	☐	
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TOTALS				0						

Notes

Total Honoraria	170.00
Total Expenses	
Total Mileage	$ 67.50
TOTAL CLAIM AMT:	237.50

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

ENTERED

Date: Aug 2/17

Signature: [redacted]

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Allan Goddard MONTH ENDED: August 2017 APPROVED BY: [redacted]

DATE	DETAILS	TIME	Payroll: COUNCIL 02-11-00-151	ADMIN 02-11-00-152	CONVENT. 02-11-00-154	ASB 02-62-00-151	WOODLOT 02-6 3-08-151	MPC 02-66-01-151	DAB 02-66-02-151	OTHER 02-11-00-153	Accounts Payable: KM'S	MEALS B	MEALS L	MEALS D	MEALS $ AMT	HOTEL	OTHER
Aug 16 2017	Regular ASB Meeting	3hr									60						
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month																
TOTAL		170.00									60						

60 kms x ~~.40~~ 54 =

TOTAL A/P 32.50

TOTAL HONORARIA

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: August 16, 2017 TOTAL CLAIM: 202.40

INK POT REF# 82401

Board Honoraria/Expense Claim Form

Board Name ASB

Month Ended August 2017

Name Rick Lewis

Approved by: [redacted]

Date	Details	Time	Honoraria (ASB)	Mileage (km's)	Other Expenses: Hotel	Other Expenses: Other	MEALS: B	L	D	$ Amt
August 16	ASB mtg		170.00	80			☐	☐	☐	
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TOTALS			170.00	80						

Notes

Total Honoraria	170.00
Total Expenses	
80x.54 Total Mileage	$ 40.80
TOTAL CLAIM AMT:	210.80

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: Aug 16, 2017

Signature: [redacted]