Council - Honoraria/Expense - Claim Form

Month Ended June 30, 2014

Name Shirley Mahan

Approved by: [redacted]

Approved by:

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	$ Amt
June 4	MPC	1/2 Day	$150	33			☐	☐	☐	
June 6	FCSS visit to Kool Kids Camp	1/2 Day	$150	33			☐	☐	☐	
June 9	Joint council Meetng	1/2 Day	$150	33			☐	☐	☐	
Jne 16	Land use education	Over 8 Hrs.	$379	33			☐	☐	☐	
June 17	regular council	Over 8 Hrs.	$379	33			☐	☐	☐	
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	Rate Payer Concerns		$478.00							IF AMOUNTS DO NOT CALCULATE PRESS F9
	Deputy Reeve Pay		57.00							
	Communication Allowance (Other)					$250.00				
TOTALS			$1,686.00	165		$250.00				

Notes

Total Honoraria	$1,686.00
Total Expenses	$250.00
Total Mileage	$89.10
TOTAL CLAIM AMT:	$2,025.10

Date: June 4/14

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.