

Council - Honoraria/Expense - Claim Form

Month Ended August 31, 2014
 Name Rita Moir



Approved by: _____
 Approved by: _____

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
Aug 1, 2014	Opening Ceremonies for Mosquito Tier II Champions Provincial Ball Tournament	1/2 Day	\$165	35			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aug 5, 2014	Council Meeting	Full Day	\$263	42			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aug 5, 2014	Evening Rural Communications Meeting with Public at County Building	1/2 Day	\$165				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aug 6, 2014	MPC	1/2 Day	\$165	42			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aug 6, 2014	Finance Meeting	1/2 Day	\$165				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aug 8, 2014	Council and EPBR Recreation Plan Workshop	1/2 Day	\$165	42			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aug 8, 2014	Evening Rural Communications Meeting with Public at Lodgepole	1/2 Day	\$165	35			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aug 13, 2014	Agplex Meeting	1/2 Day	\$165	42			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	**June 24 - Event with Diana McQueen and Jim Prentice reversed		-\$150				<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"/>	
	Resident Concerns		\$1,052.00							
	Deputy Reeve Pay		150.00							
	Communication Allowance (Other)						\$250.00			
TOTALS			\$2,320.00	238			\$250.00			

IF AMOUNTS DO NOT CALCULATE
PRESS F9

Notes

Total Honoraria	\$2,320.00
Total Expenses	\$250.00
Total Mileage	\$128.52
TOTAL CLAIM AMT:	\$2,698.52

Date: Sept 8/14

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.