Council - Honoraria/Expense - Claim Form

Month Ended April 30, 2014

Name Maryann Thompson

Approved by: [redacted]

Approved by: [redacted]

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	$ Amt
Apr.17/14	Road Infrastructure discussion	1/2 Day	$150	99						
Apr.23/14	LUB Review	Full Day	$239	99						
Apr.24/14	LUB Review	Full Day	$239	99						
Apr.28/14	Pembina Zone Meeting	Full Day	$239	36						
Apr.30/14	10 Year Capital Plan Update	Full Day	$239	99						
	Rate Payer Concerns		$478.00							
	Deputy Reeve Pay									
	Communication Allowance (Other)					$250.00				
TOTALS			$1,584.00	432		$250.00				

IF AMOUNTS DO NOT CALCULATE PRESS F9

Notes

Total Honoraria	$1,584.00
Total Expenses	$250.00
Total Mileage	$233.28
TOTAL CLAIM AMT:	$2,067.28

Date: May 5/14

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.