

**Council - Honoraria/Expense - Claim Form**

Month Ended June 30, 2015

Name Marc Gressler



Approved by: [Redacted]

Approved by: [Redacted]

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS				
					Hotel	Other	B	L	D	\$ Amt	
June 2nd	Council Meeting	Full day	\$271	14							
June 5th	FCM Conference	Conference	\$349								
June 6th	FCM Conference	Conference	\$349								
June 7th	FCM Conference	Conference	\$349								
June 8th	FCM Conference	Conference	\$349								
June 16th	Council Meeting	Over 8hrs.	\$430	14							
June 17th	NSWA AGM	Full day	\$271	158							
June 22nd	Road trip 1	Full day	\$271	14							
June 23rd	SDAB (2 hearings)	Full day	\$271	14							
24th June	Road Trip 2	Full day	\$271	14							
June 25th	LUB	Full day	\$271	14							
	Resident Concerns		\$1,084.00								
	Deputy Reeve Pay										
	Communication Allowance (Other)						\$250.00				
<b>TOTALS</b>			<b>\$4,536.00</b>	<b>242</b>			<b>\$250.00</b>				

IF AMOUNTS DO NOT CALCULATE PRESS F9

**Notes**

[Empty box for notes]

Total Honoraria	\$4,536.00
Total Expenses	\$250.00
Total Mileage	\$130.68
<b>TOTAL CLAIM AMT:</b>	<b>\$4,916.68</b>

Date: [Redacted]

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.