


ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HE RICH MONTH ENDED: _____ APPROVED BY: 

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	Payroll					KM'S	MEALS				HOTEL	OTHER
						ASB	LARB/CARB	MPC	DAB	OTHER		B	L	D	\$ AMT		
JUNE 2	Council	1	271								90						
" 2	AGM	1/2	170								-						
" 6	mtg with Barchinod Res.	1/2									-						
"	Council	1	271								90						
" 17	ASB					170					90						
" 22	Road Jour	1	271								90						
" 25	" "	1	271								90						
" 26	LUB review	1								271	90						
" 30	met with Resident	1/2									-						
	Communication Allowance/month															100 75.00	
	Preparation/Rate Payers Concerns x 2 days/month		1084														
TOTAL			2338			170				271	540						

TOTAL HONORARIA 2779
 TOTAL EXPENSES 397.60
 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. 397.00

SIGNATURE:  DATE: June 9/15 TOTAL CLAIM: 3,176.00
3170.60
 INK POT REF# G4381