

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH MONTH ENDED: AUG 31/15 APPROVED BY: 

| DATE | DETAILS | TIME | COUNCIL | ADMIN | CONVENT. | ASB | LARB/ CARB | MPC | DAB | OTHER | KM'S | MEALS | | | | HOTEL | OTHER |
|-------|---|-------|----------------|-------|----------|-----|---------------|-----|-----|-------|------|-------|---|---|--------|-------|-------|
| | | | | | | | | | | | | B | L | D | \$ AMT | | |
| AUG 7 | LUB Mtg | 1 | 270 | | | | | | | | 90 | | | | | | |
| " 11 | NSWA Mtg at Vermillion | 1/2 | | | 170 | | | | | | - | | | | | | |
| " 12 | " " " " | 1 1/2 | | | 430 | | | | | | - | | | | | | |
| " 13 | LUB Mtg | 1 | 271 | | | | | | | | 90 | | | | | | |
| " 13 | Ag Plea Mtg | 1/2 | | | | | | | | 170 | - | | | | | | |
| " 18 | Council | 1 1/2 | 271 | 430 | | | | | | | 90 | | | | | | |
| " 19 | ASB Mtg | 1/2 | | | | 170 | | | | | 90 | | | | | | |
| " 24 | Strategy Session | 1 | 271 | | | | | | | | 90 | | | | | | |
| " 25 | " " " " | 1 | 271 | | | | | | | | 90 | | | | | | |
| | Communication Allowance/month | | | | | | | | | | | | | | | | 200 |
| | Preparation/Rate Payers Concerns x 2 days/month | | 1084 | | | | | | | | | | | | | | 75.00 |
| TOTAL | | | 2439 | | 600 | 170 | | | | 170 | 540 | | | | | | |

2,598

~~3379~~ 3538.00

540 kms x .50 = 264.60

TOTAL EXPENSES 464.60

4,002.60

TOTAL CLAIM: ~~3843.60~~

TOTAL HONORARIA

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.

SIGNATURE: 

DATE: Aug 31/15