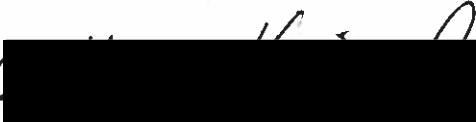


ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

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

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	ASB	LAB/ CARB	MPC	DAB	OTHER	KMS	MEALS				HOTEL	OTHER
												B	L	D	\$ AMT		
DEC 1	Council	1	271								90						
" 2	MPC	1/2						170			90						
" 4	Ag Pleas Mtg	1/2								170	90						
" 11	LUB mtg	1	271								90						
" 15	Council	1	271								90						
" 16	ASB	1/2				170					90						
" 17	LUB mtg	1	271								90						
" 22	MPC	1/2						170			90						
	Communication Allowance/month																200 75.00
	Preparation/Rate Payers Concerns x 2 days/month		1084														
TOTAL			2168			170		340		170	720						

TOTAL HONORARIA: 2,848.00 TOTAL EXPENSES: 552.80
 720 kms x .50 = 352.80
 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: Dec 22/15 TOTAL CLAIM: 3,400.80
 INK POT REF# G4381