

Council - Honoraria/Expense - Claim Form

Month Ended July 31, 2015
 Name Shirley Mahan



Approved by: [Redacted]
 Approved by: [Redacted]

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
July 7	Regular Council Meeting	Over 8 Hrs.	\$430	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 8	MPC	1/2 Day	\$170	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 8	Meeting at Carnwood Hall with residents Re: 474	1/2 Day	\$170	85			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 10	LUB	Full Day	\$271	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 13	FCSS summer tour	Full Day	\$271	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 15	LUB	Full Day	\$271	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 28	MPC	Full Day	\$271	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 29	LUB	Full Day	\$271	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Resident Concerns		\$1,084.00							IF AMOUNTS DO NOT CALCULATE PRESS F9
	Deputy Reeve Pay									
	Communication Allowance (Other)							\$250.00		
TOTALS			\$3,209.00	316				\$250.00		

Notes

Total Honoraria	\$3,209.00
Total Expenses	\$250.00
Total Mileage	\$173.80
TOTAL CLAIM AMT:	\$3,632.80

Date: July 31/15
 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.