

Month Ended August 31, 2015  
 Name Shirley Mahan

Council - Honoraria/Expense - Claim Form



Approved by: \_\_\_\_\_  
 Approved by: \_\_\_\_\_

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
August 7	LUB	Full Day	\$271	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
August 13	LUB	Full Day	\$271	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
August 18	Council Meeting	Over 8 Hrs.	\$430	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
August 20	MPC	Full Day	\$271	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
August 24	Stratgy Meeting	Full Day	\$271	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
August 25	Stratgy Meeting	Full Day	\$271	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Resident Concerns		\$1,084.00							
	Deputy Reeve Pay									
	Communication Allowance (Other)						\$250.00			
<b>TOTALS</b>			<b>\$2,869.00</b>	<b>198</b>			<b>\$250.00</b>			

Notes

Total Honoraria	\$2,869.00
Total Expenses	\$250.00
Total Mileage	91.26 <del>\$108.00</del>
<b>TOTAL CLAIM AMT:</b>	<b>3,216.26</b> <del>\$3,227.90</del>

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.

Date: August 25/15  
 Signature: \_\_\_\_\_