

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: July 31/16

APPROVED BY: 

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	Payroll					KM'S	MEALS				HOTEL	OTHER
						ASB	LARB/CARB	MPC	DAB	OTHER		B	L	D	\$ AMT		
July 5	Council	1	271								90						
" 19	Council	1	271								90						
" 21	MPC	1/2						170			90						
" 27	Firesmart at Lindale	1/4									44						
	DEPUTY REEVE																\$155
	Communication Allowance/month																200 75.00
	Preparation/Rate Payers Concerns x 2 days/month																108.40
TOTAL			1626					170			314						

TOTAL HONORARIA

1796

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 6/16

$314 \times 296 \times .54 = 168.48$
 $18 \times .48 = 8.64$
 $168.48 + 8.64 = 177.12$
 $177.12 + 169.56 = 346.68$
 TOTAL EXPENSES: 369.56

TOTAL CLAIM:

$1796 + 369.56 = 2165.56$
2,165.56