

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: AUG 31/16

APPROVED BY: 

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT	ASB	LAB/CARB	MPC	DAB	OTHER	KM'S	MEALS				HOTEL	OTHER
												B	L	D	\$ AMT		
Aug 2	Council	1	271								90						
Aug 4	Ag Plex Mtg	1/2									90						
" 16	Council	1 1/2	430								90						
" 17	ASB	1/2				170					90						
" 23	Ag Plex Mtg	1/2									90						
" 30	MPC	1/2						170			90						
" 30	Berrymore Playground Opening	1/2									90						
	Deputy - Reserve		155														
	Communication Allowance/month																200
	Preparation/Rate Payers Concerns x 2 days/month		1084														75.00
TOTAL			1940			170		170		170	450						

TOTAL HONORARIA

2450

450 kms x .50 = 225

TOTAL EXPENSES

416

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 30/16

TOTAL CLAIM:

2866.00