

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: Oct 31/16

APPROVED BY: 

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	ASB	LARB/ CARR	MPC	DAB	OTHER	KM'S	MEALS				HOTEL	OTHER
												B	L	D	\$ AMT		
Oct 4	Council	1	271								90						
" 7	AWES mtg & tour	1								271	90						
" 11	MPC	1/2						170			90						
" 17	zone mtg	1	271								-						
" 18	Council	1	271								90						
" 19	ASB	1/2				170					90						
" 24	Organizational mtg	1/2	170								90						
	Deputy Reeve		155								-						
	Communication Allowance/month																200 25.00
	Preparation/Rate Payers Concerns x 2 days/month		1084														
TOTAL			2222			170		170		271	540						

2833


6793  
VTD MILEAGE

540 kms x .90 = 259.20

TOTAL EXPENSES 459.20

TOTAL HONORARIA

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: Nov 1/16

TOTAL CLAIM: 3292.20