



Month Ended **April 30, 2017**  
 Elected Official **Marc Gressler**

Honoraria/Expense - Claim Form

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

Date	Details	Time	Honoraria	Mileage Km's	Other Expenses		MEALS											
					Hotel	Other	B	L	D	\$ Amt								
	Mileage carried over from previous month			0														
April 4th	Council Meeting	Full Day	\$271	14														
April 5th	LUB Meeting	Full Day	\$271	14														
April 6th	NSWA Education forum	Over 8 hrs.	\$430															
April 7th	Trails Session	1/2 day	\$170	14														
April 10th	AAMDC Pembina Zone Meeting	Full Day	\$271															
April 18th	Council Meeting	Over 8 hrs.	\$430	14														
April 20th	NSWA Headwater Meeting	Full Day	\$271	220														
April 26th	MDP Charette	Full Day	\$271	10														
April 27th	MDP Charette	Full Day	\$271	10														
	Communication Allowance		\$250.00	296														
	Resident Concerns		\$1,084.00															
	Deputy Reeve																	
			\$3,740.00															
ATTACH ALL ORIGINAL RECEIPTS																		
Notes																		
YTD Mileage <b>807</b>																		
<table border="1"> <tr> <td>Total Honoraria</td> <td>\$3,740.00</td> </tr> <tr> <td>Total Expenses</td> <td>\$250.00</td> </tr> <tr> <td>Total Mileage</td> <td>\$159.84</td> </tr> <tr> <td><b>TOTAL CLAIM AMT:</b></td> <td><b>\$4,149.84</b></td> </tr> </table>											Total Honoraria	\$3,740.00	Total Expenses	\$250.00	Total Mileage	\$159.84	<b>TOTAL CLAIM AMT:</b>	<b>\$4,149.84</b>
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Total Expenses	\$250.00																	
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<b>TOTAL CLAIM AMT:</b>	<b>\$4,149.84</b>																	

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. Prices are in accordance with County Policy.

Date: **27 May 17**  
 Signature: [Redacted]