

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH MONTH ENDED: APRIL 30/17 APPROVED BY: 


DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	Payroll					KM'S	MEALS				HOTEL	OTHER
						ASB	LARB/CARB	MPC	DAB	OTHER		B	L	D	\$AMT		
APR 4	Council	1	271								90						
" 5	LUB Mtg	1	270								90						
" 7	Strategy Session		270								90						
" 10	EPBRP Mtg	1/2								170	81						
" 11	met with Pres of MA	1	270								90						
" 12	MPC	1/2						170			90						
" 12	Hemp Mtg	1/2								170	-						
" 18	Council	over 8	430								90						
" 19	ASB	1/2					170				90						
" 25	MDP	1	271								90						
" 26	MDP	1	271								90						
	Communication Allowance/month															200	
	Preparation/Rate Payers Concerns x 2 days/month		1084													25.00	
TOTAL			3140				170	170	340		891						

3820

891 ^{.54} kms x .50 = 481.14
 TOTAL EXPENSES 681.14

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: May 1/17 TOTAL CLAIM: 4501.14