

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: Aug 31/17

APPROVED BY: 

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	ASB	LARB/ CARR	MPC	DAB	OTHER	KM'S	MEALS				HOTEL	OTHER
												B	L	D	\$ AMT		
Aug 1	Council	over 8	430								90						
" 2	MPC	1/2						170			90						
" 15	Council	1	271								90						
" 16	ASB	1/2				170					90						
" 22	Quarterly Report Mtg	1/2	170								90						
" 30	part of Hemp tour	N/C									—						
	Communication Allowance/month																2.00
	Preparation/Rate Payers Concerns x 2 days/month		1084														25.00
TOTAL			1955			170		170			450						

450 kms x .54 = 243.00

2295

TOTAL EXPENSES 443.00

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: Sept 5/17

TOTAL CLAIM: 2738.00