

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: FEB 28 / 17


APPROVED BY: 

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	Payroll					KM'S	MEALS				HOTEL	OTHER
						ASB	LARB/CARB	MPC	DAB	OTHER		B	L	D	S AMT		
						FEB 7	Council	1	271								
" 12	Presented Ratepayers ^{annu} grift	-									-						
" 14	MPC	1/2						170			90						
" 15	ASB	1/2				170					90						
" 17	Attend RMRF low dem.	1								271	90						
" 21	Council	1	271								90						
" 24	Conf call with ^{minutes} Phillips	1/2	170								90						
	Deputy reserve		155														
	Communication Allowance/month															200	
	Preparation/Rate Payers Concerns x 2 days/month		1084													25.00	
TOTAL			1781			170		170		221	450						

TOTAL HONORARIA: 2392

TOTAL EXPENSES: 450 kms x .50 = 250 440.00

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: Mar 9 / 17 TOTAL CLAIM: 2832.00