

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: JAN 31/17

APPROVED BY: 

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	Payroll					OTHER	MEALS				HOTEL	OTHER
						ASB	LARB/CARB	MPC	DAB	RMS		B	L	D	\$ AMT		
JAN 17	Hemp workshop	1/2									170	81					
" 18	ASB mtg.	1/2				170						90					
" 24	Council	1	271									38					
" 24	ASB conf				271							-					
" 25	ASB "				349							-					
" 26	ASB "				349							-					
" 27	ASB "				271							-					
	deputy serve		155														
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month		1084														
TOTAL			1510	1240	170						170	209					

3090.00

209 <sup>.54</sup> kms x .50 = 112.86  
 TOTAL EXPENSES 321.86

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: Feb 6/17

TOTAL CLAIM: 3411.86