ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

[redacted] 2017

NAME: ANTHONY HEINRICH MONTH ENDED: July 31/17 APPROVED BY: [redacted]

AUG 0 2 2017

DATE	DETAILS	TIME	Payroll: COUNCIL	ADMIN	CONVENT.	ASB	LARB/CARB	MPC	DAB	OTHER	KM'S	MEALS B	MEALS L	MEALS D	MEALS $ AMT	HOTEL	OTHER
July 4	Council	1/2	~~270~~								90						
" 5	MPC	1/2						170			90						
" 18	Council	1	271								90						
	Communication Allowance/month																200 ~~25.00~~
	Preparation/Rate Payers Concerns x 2 days/month		1084														
TOTAL			~~1526~~ 1525					170			270						

~~80~~ 270 kms x .54 = 145.80

TOTAL HONORARIA ~~1796~~ 1695

TOTAL EXPENSES 345.80

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: [redacted] DATE: Aug 2/17 TOTAL CLAIM: 2040.80

INK POT REF# G4381