

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: JUNE 30/17

APPROVED BY:  July 4/17

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	Payroll					KM'S	MEALS				HOTEL	OTHER
						ASB	LARB/CARB	MPC	DAB	OTHER		B	L	D	\$ AMT		
JUNE 6	Council	over 8	230								90						
" 12	EPBRP	1/2									81						
" 15	MPC	1/2						170			90						
" 20	Council	1	271								90						
" 21	ASB	1/2				170					90						
" 27	Annual Gen. Mtg	1/2	170								90						
" 28	" " "	1/2	170								45						
	Communication Allowance/month															200	
	Preparation/Rate Payers Concerns x 2 days/month		1084													75.00	
TOTAL			1906 2125			170		170		170	576						

TOTAL HONORARIA: ~~2476~~ 2635 VTO Km 3387
 TOTAL EXPENSES: 576 kms x .54 = 311.04
 TOTAL CLAIM: 3146.04

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: July 3/17

TOTAL CLAIM: 3146.04
~~2987.04~~