

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: SEPT 30/17

APPROVED BY: 

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT	ASB	LARB/CARB	MPC	DAB	OTHER	KM'S	MEALS				HOTEL	OTHER
												B	L	D	\$ AMT		
SEPT 4	Council	1	271								90						
" 12	MPC	1/2						170			90						
" 12	Atto Emergency Management	1/2								170	-						
" 16	Sendak Hall 90th dinner	1/2									-						
" 17	Berchwood Fireman Breakfast	1/2									-						
" 19	Council	1/2									90						
" 20	ASB	1/2				170					90						
" 28	Pembina Synergy Mtg	1/2									81						
	Communication Allowance/month																200 75.00
	Preparation/Rate Payers Concerns x 2 days/month		1084														
TOTAL						170		170		170	441						

1785

2295

(4548)
YTD MILEAGE

441 kms x .50 = 238.14

TOTAL EXPENSES 438.14

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: Oct 2/17

TOTAL CLAIM: 2733.14