Honoraria/Expense - Claim Form

SEP 05 2017

Month Ended August 31, 2016

Elected Official Shirley Mahan

Approved by: [redacted]

Approved by: [redacted] SEP 05 2017

Date	Details	Time	Honoraria	Mileage Km's	Other Expenses		MEALS			
					Hotel	Other	B	L	D	$ Amt
	Mileage carried over from previous month			2942						
August 15	Regular Council Day	Over 8 Hrs.	$430	33			☐	☐	☐	
August 22	Quarterly Report	1/2 Day	$170	33			☐	☐	☐	
August 30	Hemp Tour	Full Day	$271	33			☐	☐	☐	
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	Communication Allowance	$250.00		99						
	Resident Concerns		$1,084.00							
	Deputy Reeve									
			$1,955.00							

ATTACH ALL ORIGINAL RECIEPTS

Notes

YTD Mileage *3041*

Total Honoraria	$1,955.00
Total Expenses	$250.00
Total Mileage	$53.46
TOTAL CLAIM AMT:	**$2,258.46**

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. Prices are in accoradance with County Policy.

Date: Sept 5/17 SEP 05 2017

Signature: [redacted]