Honoraria/Expense - Claim Form

Month Ended: January 31, 2017

Elected Official: Shirley Mahan

Approved by: [redacted]

Approved by:

Date	Details	Time	Honoraria	Mileage Km's	Other Expenses		MEALS			
					Hotel	Other	B	L	D	$ Amt
	Mileage carried over from previous month									
January 3	MPC	1/2 Day	$170	33			☐	☐	☐	
January 13	Dr. Unger presentation	n/a					☐	☐	☐	
January 16	zone mtg	Full Day	$271	330			☐	☐	☐	
January 17	Hemp information mtg	1/2 Day	$170	33			☐	☐	☐	
January 21	Judging 4H speaking	n/a					☐	☐	☐	
January 24	regular council	Full Day	$271	33			☐	☐	☐	
January 26	Hemp mtg	1/2 Day	$170	33			☐	☐	☐	
	Communication Allowance	$250.00		462			☐	☐	☐	
	Resident Concerns		$1,084.00							
	Deputy Reeve									
			$2,136.00							

ATTACH ALL ORIGINAL RECEIPTS

Notes

YTD Mileage 594 462

Total Honoraria	$2,136.00
Total Expenses	$250.00
Total Mileage	$249.48
TOTAL CLAIM AMT:	$2,635.48

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 accordance with County Policy.

Date: January 27/17

Signature: [redacted]