





Honoraria/Expense - Claim Form

Month Ended September 30, 2016  
 Elected Official Shirley Mahan

OCT 03 2017

Approved by:   
 Approved by: 

Date	Details	Time	Honoraria	Mileage Km's	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
	Mileage carried over from previous month			3041						
September 5	Regular Council	Full Day	\$271	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
September 6	Alus meeting	1/2 Day	\$170	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
September 7	Mayors Gala	n/a					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
September 12	MPC	1/2 Day	\$170	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
September 12	Disaster Recovery Program	1/2 Day	\$170				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
September 19	Regular Council	Full Day	\$271	33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Communication Allowance		\$250.00	132						
	Resident Concerns			\$1,084.00						
	Deputy Reeve									
				\$2,136.00						
<b>ATTACH ALL ORIGINAL RECEIPTS</b>										
										Notes
										YTD Mileage
										<b>3844</b>
					<b>Total Honoraria</b>		\$2,136.00			
					<b>Total Expenses</b>		\$250.00			
					<b>Total Mileage</b>		\$71.28			
					<b>TOTAL CLAIM AMT:</b>		<b>\$2,457.28</b>			

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: October 4/17  
 Signature: 