Honoraria/Expense - Claim Form

Month Ended: August 31, 2017

Elected Official: Rita Moir

Approved by: [redacted]

Approved by: [redacted]

SEP 05 20

Date	Details	Time	Honoraria	Mileage Km's	Other Expenses		MEALS			
					Hotel	Other	B	L	D	$ Amt
	Mileage carried over from previous month			4291						
August 01,2017	Council meeting	Over 8 Hrs.	$430	42			☐	☐	☐	
August 08,2017	Homelessness and Poverty committee meeting	1/2 Day	$170	35			☐	☐	☐	
August 14,2017	SDAB hearing	1/2 Day	$170	42			☐	☐	☐	
August 15,2017	Council meeting	Full Day	$271	42			☐	☐	☐	
August 22,2017	Quarterly Report	1/2 Day	$170	42			☐	☐	☐	
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	Communication Allowance	$250.00		203						
	Resident Concerns		$1,084.00							
	Deputy Reeve									
			$2,295.00							

ATTACH ALL ORIGINAL RECIEPTS

Notes	YTD Mileage	4434
	Total Honoraria	$2,295.00
	Total Expenses	$250.00
	Total Mileage	$109.62
	TOTAL CLAIM AMT:	$2,654.62

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: Sept 5/17

Signature: [redacted]