



Month Ended January 31, 2017  
 Elected Official Rita Moir

Honoraria/Expense - Claim Form

Approved by: [Redacted]  
 Approved by: [Redacted]

| Date             | Details   | Time                    | Honoraria  | Mileage Km's | Other Expenses |       | MEALS |   |   |            |
|------------------|---|-------------------------|------------|--------------|----------------|-------|-------|---|---|------------|
|                  |   |                         |            |              | Hotel          | Other | B     | L | D | \$ Amt     |
|                  | Mileage carried over from previous month              |                         |            |              |                |       |       |   |   |            |
| January 10, 2017 | HCC sub-committee meeting-Alcohol policy meeting      | 1/2 Day                 | \$170      | 35           |                |       |       |   |   |            |
| January 16, 2017 | Pembina Zone meeting in Edmonton                      | Full Day                | \$271      | 297          |                |       |       |   |   |            |
| January 17, 2017 | Hemp Education workshop                               | 1/2 Day                 | \$170      | 35           |                |       |       |   |   |            |
| January 20, 2017 | HCC sub-committee meeting-Domestic Violence Resources | 1/2 Day                 | \$170      | 35           |                |       |       |   |   |            |
| January 24, 2017 | Regular Council meeting                               | Full Day                | \$271      | 42           |                |       |       |   |   |            |
| January 25, 2017 | Homelessness and poverty committee meeting            | 1/2 Day                 | \$170      | 35           |                |       |       |   |   |            |
|                  | Communication Allowance                               |                         | \$250.00   | 479          |                |       |       |   |   |            |
|                  | Resident Concerns                                     |                         | \$1,084.00 |              |                |       |       |   |   |            |
|                  | Deputy Reeve  |                         |            |              |                |       |       |   |   |            |
|                  | <b>ATTACH ALL ORIGINAL RECEIPTS</b>                   |                         |            |              |                |       |       |   |   |            |
|                  | <i>Notes</i>  |                         |            |              |                |       |       |   |   |            |
|                  |   | <b>YTD Mileage</b>      |            | 479          |                |       |       |   |   |            |
|                  |   | <b>Total Honoraria</b>  |            |              |                |       |       |   |   | \$2,306.00 |
|                  |   | <b>Total Expenses</b>   |            |              |                |       |       |   |   | \$250.00   |
|                  |   | <b>Total Mileage</b>    |            |              |                |       |       |   |   | \$258.66   |
|                  |   | <b>TOTAL CLAIM AMT:</b> |            |              |                |       |       |   |   | \$2,814.66 |

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: Feb 7/17  
 Signature: [Redacted]