

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: WES TWEEDLE

MONTH ENDED: JULY 15/11

APPROVED BY: 

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	Payroll					KM'S	MEALS				HOTEL	OTHER
						ASB	LARB/ CARB	MPC	DAB	OTHER		B	L	D	\$ AMT		
JUNE 17	RELAY FOR LIFE CANCER.	NC									70						
20	GAER MAJERTHORPE	1									274	70					
21	REGULAR COUNCIL	1	274									70					
22	SHANGRA LA OPENING.	NC										70					
28	SHULTZ WATER MEETING	1/2		167								80					
JULY 6	FCSS TOUR	1/2									167	70					
" "	AG. FEASIBILITY STUDY	1/2									167						
12	REGULAR COUNCIL	1	274									70					
	REEVES PAY			260													
	Communication Allowance/month															75.00	
	Preparation/Rate Payers Concerns x 2 days/month	2		548													
TOTAL		6 1/2	548	975							608	500					

500 kms x .50= 250.00

2131.00

TOTAL EXPENSES 425.00

TOTAL HONORARIA

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.

SIGNATURE: 

DATE: JULY 15 2011

TOTAL CLAIM: 2556.00