

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Dawn Kowelsky

MONTH ENDED: July 15, 2011

APPROVED BY:

| DATE         | DETAILS   | TIME | Payroll      |              |              |              |               |              |              | KM'S | Accounts Payable |       |   |   | HOTEL | OTHER |        |  |        |
|--------------|---|------|--------------|--------------|--------------|--------------|---------------|--------------|--------------|------|------------------|-------|---|---|-------|-------|--------|--|--------|
|              |   |      | COUNCIL      | ADMIN        | CONVENT.     | ASB          | WOODLOT       | MPC          | DAB          |      | OTHER            | MEALS |   |   |       |       |        |  |        |
|              |   |      | 02-11-00-151 | 02-11-00-152 | 02-11-00-154 | 02-62-00-151 | 02-6-3-08-151 | 02-66-01-151 | 02-66-02-151 |      | 02-11-00-153     | B     | L | D |       |       | \$ AMT |  |        |
| June 21      | Council mtg                                     |      | 218          |              |              |              |               |              |              |      |                  | 10    |   |   |       |       |        |  |        |
| 22           | ASB mtg   |      |              |              |              | 137          |               |              |              |      |                  | 10    |   |   |       |       |        |  |        |
| 28           | MPC   |      |              |              |              |              |               | 137          |              |      |                  | 10    |   |   |       |       |        |  |        |
| July 7       | Business Presentation                           |      |              |              |              |              |               |              |              |      | 137              |       |   |   |       |       |        |  |        |
| 9            | County Pancake Welcome Breakfast                |      |              |              |              |              |               |              |              |      | 137              |       |   |   |       |       |        |  |        |
| 12           | Council mtg                                     |      | 218          |              |              |              |               |              |              |      |                  | 10    |   |   |       |       |        |  |        |
|              | Communication Allowance/month                   |      |              |              |              |              |               |              |              |      |                  |       |   |   |       |       |        |  | 175.00 |
|              | Preparation/Rate Payers Concerns x 2 days/month |      | 436          |              |              |              |               |              |              |      |                  |       |   |   |       |       |        |  |        |
| <b>TOTAL</b> |   |      | 436          | 436          |              | 137          |               | 137          |              | 274  | 40               |       |   |   |       |       |        |  | 175    |

40 kms x  $\frac{50}{25}$  = 20.00

1420

TOTAL A/P 195

TOTAL HONORARIA

I HEREBY CERTIFY THAT THE WHOLE OF THE EXPENDITURE WAS INCURRED ON MD 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 18, 2011

TOTAL CLAIM: 1615.