

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: WES TWEEDLE

MONTH ENDED: AUG 15/11

APPROVED BY:

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	Payroll					KMS	MEALS				HOTEL	OTHER
						ASB	LARB/CARB	MPC	DAB	OTHER		B	L	D	\$ AMT		
JULY 23	CALVERY BAPTIST REUNION	NC									70						
25	FAM D+C ZONE MEETING	1									274	213					
AUG 2	REGULAR COUNCIL	1	274								70						
4	COUNTY ROAD TOUR	1		274							70						
9	AGRA PLEX STEERING COMM	1/2									167	70					
10	MEET WITH WESTERN REVIEW	1/2		167							70						
8	MEET WITH D. SMITH	1/2		167							70						
	REEVES PAY			260													
	Communication Allowance/month																175.00
	Preparation/Rate Payers Concerns x 2 days/month			548													
TOTAL			274	1279						441	633	563					175.00

2131.00
1964.00

316.
kms x .50 = 281.50
TOTAL EXPENSES \$ 536.50 491.5

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: Aug 15, 2011

TOTAL CLAIM: \$ 2657. 2420.50