

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Dawn Konetsky

MONTH ENDED: October 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				
Sept 20	MPC									137			10						
21	Council Priority Setting WKSP													218					
22	"AS ABOVE"													218					
28	ASB						137						10						
Oct 4	Council mtg.		218										10						
5	Aquatic Facility Public mtg													137					
11	MPC									137			10						
11	DRAFT LAND USE BYLAW REVIEW													137					
11	Library Board													137	10				
13	Robbon Cutting Sunchild Rd													137					
14	Business Welcome - Pumpwell													137	10				
	Communication Allowance/month																		175.00
	Preparation/Rate Payers Concerns x 2 days/month				436														
TOTAL			218	436	0	137	0	274	0	1121			60						175

60 kms x \$ = 30.00

2186

TOTAL A/P 205

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: Oct 20, 2011

TOTAL CLAIM: 2391.00