# ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Dawn Konelsky MONTH ENDED: JAN 15, 2011 APPROVED BY: [redacted]

| DATE | DETAILS | TIME | Payroll: COUNCIL 02-11-00-131 | ADMIN 02-11-00-132 | CONVENT. 02-11-00-154 | ASB 02-62-00-151 | WOODLOT 02-63-00-131 | MPC 02-66-01-151 | DAB 02-65-00-151 | OTHER 02-11-00-153 | Accounts Payable: KM'S | MEALS B | L | D | $ AMT | HOTEL | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dec 20 | AAB Lunch - no charge | | | | | | | | | | | | | | | | |
| 21 | MPC | | | | | | | 135 | | | 10 | | | | | | |
| JAN 10 | Library Board Mtg | | | | | | | | | 135 | | | | | | | |
| 11 | Council Mtg | | 215 | | | | | | | | | | | | | | |
| 14 | Signed Cheques | | | 135 | | | | | | ~~135~~ | 10 | | | | | | |
| | Communication Allowance/month | | | | | | | | | | | | | | | | 75.00 |
| | Preparation/Rate Payers Concerns x 2 days/month | | ~~430~~ | 430 | | | | | | | | | | | | | |
| TOTAL | | | 645 | | | | | 135 | | ~~270~~ 135 | 20 | | | | | | 75. |

20 kms x ~~.35~~ .50 = 10.00

TOTAL HONORARIA 1050.00

TOTAL A/P 85.00

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: [redacted] DATE: Jan 14, 2011 TOTAL CLAIM: 1135.00 RB

INK POT REF: E4106