

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: WES TWEEDLE

MONTH ENDED: JAN 15 2011

APPROVED BY: 

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	Payroll					KM'S	MEALS				HOTEL	OTHER
						ASB	LARB/CARB	MPC	DAB	OTHER		B	L	D	\$ AMT		
DEC 16	M.G.B. HEARING	1		270							70						
JAN 11	REGULAR COUNCIL	1	270								70						
JAN 12	G A I E R STRATEGIC PLANNING	1									270						
13	" " "	1 1/2									380						
14	" " "	1									270	680			232	19	
	REEVES PAY			260													
	Communication Allowance/month	1														75.00	
	Preparation/Rate Payers Concerns x 2 days/month	2		540													
TOTAL		7 1/2	270	1070							920	1570			232	19 75.00	

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.

\$2260.00

TOTAL EXPENSES

~~1570~~ kms x .50 = ~~378.50~~
 717.19
~~685.69~~

SIGNATURE: 

DATE: JAN 25 2011

TOTAL CLAIM:

\$2977.19
~~2945.69~~