


ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Shirley Mahan MONTH ENDED: February 15/11 APPROVED BY: 

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	ASB	LARB/ CARR	MPC	DAB	OTHER	KM'S	MEALS				HOTEL	OTHER
												B	L	D	\$ AMT		
												JAN 18	MPC	2			
24	PARKS COUNCIL	5								215	22						
25	REGULAR COUNCIL MTG	9	340								22						
26	thorsby MLA mtg.	5		215						215	165						
Feb 1st	MPC	1/2						135			22						
3	PARKS COUNCIL	2								135	22						
FEB 5-12	VACATION																
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month			430						430							
TOTAL			340	645				270		350							75.00

TOTAL HONORARIA: 1605.00
 TOTAL EXPENSES: 275 kms x .50 = 137.50
212.50
1917.50

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: FEBRUARY 15/11 TOTAL CLAIM: 1917.50