



ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

(2)

NAME: DAWN KOWENSKI

MONTH ENDED: June 15, 2010

APPROVED BY: [Redacted]

"Carried Forward"

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				
June 9	Norquest College Presentation											135	10						
10	Bio Pathways Presentation											135	10						
14	Service Delivery mtg			215									10						
	Communication Allowance/month																		75.00
	Preparation/Rate Payers Concerns x 2 days/month																		
TOTAL			1210	565	2040							755	375	272.98					494

4005.00 ✓

375 kms x .50 = 187.50

TOTAL A/P 2319.22

TOTAL HONORARIA

I HEREBY CERTIFY THAT THE WHOLE OF THE EXPENDITURE WAS INCURRED ON MY 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: June 17, 2010

TOTAL CLAIM: 6324.22