

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Dawn Kowalsky

MONTH ENDED: Nov 15, 2010

APPROVED BY:

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DATE	DETAILS	TIME	Payroll								KM'S	Accounts Payable							
			COUNCIL	ADMIN	CONVENT.	ASB	WOODLOT	MPC	DAB	OTHER		MEALS				HOTEL	OTHER		
			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				
Nov 9	MPC									135									
10	Special Mtg (Annexation)		<del>375</del>	215								10							
15	Annexation Hearing		<del>375</del>	215															
	Communication Allowance/month																		
	Preparation/Rate Payers Concerns x 2 days/month																		25.00
TOTAL			1640	135	1700				270		270	689						1098.88	133.80

4015.00

689 kms x <sup>50</sup>/<sub>25</sub> = 344.50

TOTAL A/P 1577.28

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: Nov 22, 2010

TOTAL CLAIM: 5592.28

