

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: DAWN KONELSKY

MONTH ENDED: MAR 15, 2011

APPROVED BY:

DATE	DETAILS	TIME	Payroll								KMS	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			
Feb 16	ASB	9-11am				137						10						
24	Council Mtg	9-5pm				218						10						
25	Mtg Rob Merrifield	10-12:30pm										13.7						
28	EDA - Business 1 & R	9-4										218						
Mar 3	DV + Dist Chamber of Com.	9-10:30										13.7						
7	DV Library Board	4:30-5:30										13.7						
8	Council Mtg	9-5pm				218						10						
11	Joint Mtg Town of DV	9-3pm				218						10						
14	EDA - Site Selection	9-4										218						
15	MPC	9-10:30							137			10						
15	JT mtg Town & Physicians	7-9pm				137												
Mar 7	JT mtg Town & Wildrose SD	6-9pm										137						
	Communication Allowance/month					436												175.00
	Preparation/Rate Payers Concerns x 2 days/month																	
TOTAL			436	791		137			137			984	80					175.00

80 kms x $\frac{50}{25}$ = 40.00

2485.00

TOTAL A/P 215.00

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: March 22, 2011

TOTAL CLAIM: 2700.00