

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: APR 15/09

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				
Mar 26	FSL Mtg	1/2										135	81						
APR 1	PSAMS Mtg	1/2										135	81						
" 7	Council	1	215										81						
" 7	Mtg at Buck Creek with residents	1/2										135	74						
" 15	ASB	1/2				135							81						
	Communication Allowance/month																		75.00
	Preparation/Rate Payers Concerns x 2 days/month			430															
TOTAL			215	430		135						405	398						75.00

02-11-00-212 MILEAGE \$150.95 + 7.55
 02-162-00-212 MILEAGE \$38.57 + 1.93
 02-11-00-217 PHONE \$71.43 + 3.57

5118.50

398 kms x .45 = 199.00
 TOTAL A/P 274.00

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: April 16/09

TOTAL CLAIM: 1459.00