

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: Feb 15/09

APPROVED BY: 

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	02-02-00-151	02-6-3-08-151	02-66-01-151	02-66-02-151	02-11-00-153		B	L	D	\$ AMT			
JAN 21	ASB	1/2				135						81						
430	PSAM	1/2										135						
Feb 3	Council	1	215									81						
" 3	County Lib Ref Mtg	1/2										135						
" 4	PSAMB	1/2										135						
" 9	FCSS	1/2										135	81					
" 10	NSWA Conf	1			340													
" 11	NSWA Conf	1			340													
" 12	NSWA Conf	1			340													
" 13	Mtg with Clewath County	1/2			135								81					
	Communication Allowance/month																	75.00
	Preparation/Rate Payers Concerns x 2 days/month			430														
TOTAL			215	565	1020	135						405	324					

MILEAGE 02-02-00-212 \$38.57 + 1.93
 MILEAGE 02-11-00-212 \$115.71 + 5.79
 PHONE 02-11-00-217 \$71.43 + 3.57

\$ 2,340.00

324 kms x ¹⁵⁰/₄₅ = 162
 TOTAL A/P 237.00

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: Feb 18/09

TOTAL CLAIM: 2577.00