Att: Brenda

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH MONTH ENDED: JAN 15/09 APPROVED BY:

DATE	DETAILS	TIME	Payroll: COUNCIL 02-11-00-151	ADMIN 02-11-00-152	CONVENT. 02-11-00-154	ASB 02-62-00-151	WOODLOT 02-6-3-08-151	MPC 02-66-01-151	DAB 02-66-02-151	OTHER 02-11-00-153	Accounts Payable: KM'S	MEALS B	L	D	$ AMT	HOTEL	OTHER
JAN 6	Mtg with Architecho	1/2		135							81						
" 13	Council	1	215								81						
" 14	PSAMI Mtg	1/2								135	41						
" 14	Open house with public on County Holiday	1/2		135							40						
	Communication Allowance/month			215													37.50 ~~75.00~~
	Preparation/Rate Payers Concerns x 2 days/month			~~750~~													
TOTAL			215	~~700~~ 485						135	243						

243 kms x .45= .50 121.50

TOTAL HONORARIA ~~1050~~ 835

TOTAL A/P 159.00

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.

994.00

SIGNATURE: [redacted] DATE: Jan 22/09 TOTAL CLAIM: ~~1209.00~~