

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: June 15/09

APPROVED BY: _____

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			
MAY 19	Council	1	215									81						
" 27	Manager's Evaluation	1/2		135								81						
" 27	Rocky Rapids South ASP ^{Public} mtg	1/2		135								-						
" 28	Caenwood mtg ^{Public} on MDP mtg	1/2		135								25						
June 2	ERCB open house	1/2									135	81						
" 2	DV Library Bd mtg	1/2									135	-						
" 8	FCSS	1/2									135	81						
" 9	Council	1	215									41						
" 9	Admin + Shep bldg ^{Open} house	1/2		135								40						
" 10	Special Council mtg	1/2	135									81						
" 11	FSL	1/2									135	81						
	Communication Allowance/month																	75.00
	Preparation/Rate Payers Concerns x 2 days/month			430														
TOTAL			565970								540	592						

2075

592 kms x .45 = 296
TOTAL A/P 371.00

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: June 22/09

TOTAL CLAIM: 2446.00