

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: NOV 29/09

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	02-62-00-151	02-6-3-08-151	02-66-01-151	02-66-02-151	02-11-00-153		B	L	D	\$ AMT				
OCT 19	Seed Plant Mtg	1/2										135	26						
" 21	ASB	1/2				135						135	81						
" 22	Seed Plant mtg with Rem M	1/2										135	81						
" 25	Mtg with Ratepayers	1/2																	
" 26-28	Emergency Alberta (3 @ 3-4)	3			1020								323						
" 30	Organization Mtg	1/2		135								135	81						
Nov 2	PSAMS	1/2										135	81						
" 8	ASB	1/2				135							81						
" 8	Livestock Protocol Mtg	1/2										135	-						
" 16-19	AAMD+C conf (3 x 240) (1 x 215)	4			1235								-						
" 3	Council	1	215										81						
	Communication Allowance/month																		75.00
	Preparation/Rate Payers Concerns x 2 days/month			430															
TOTAL			215	430	2380	270						675	835						

02-62-00-212 MILEAGE \$77.14 + 3.86
 02-11-00-212 MILEAGE \$320.48 + 16.02
 02-11-00-217 PHONE \$71.43 + 3.57

545 2255
~~3975~~ 3845

835 .50 417.50
 kms x .45 =

492.50

4337.50

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

SIGNATURE:

DATE: Nov 20/09

TOTAL CLAIM: 7400.00