

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: OCT 15/09

APPROVED BY:

DATE	DETAILS	TIME	Payroll								Accounts Payable								
			COUNCIL	ADMIN	CONVENT.	ASB	WOODLOT	MPC	DAB	OTHER	KM'S	MEALS				HOTEL	OTHER		
			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				
SEPT 16	ASB	1/2				135							81						
" 18	FSL (Family School Liaison)	1/2											135	81					
" 21	Livestock Camp Mtg	1/2											135	81					
" 22	Council	1	215											81					
" 23	FSL	1/2											135	81					
" 28	Strategy Session Council	1/2		215										110					
" 29	" " " "	1		340										-					
OCT 5	PSAMS	1/2											135	81					
" 6	Special Council Mtg	1/2	135											81					
" 7	FSL	1/2											135	81					
" 13	Council	1	215											81					
" 14	FCSS	1/2											135	81					
" 15	ASB Regional Conf	1			215									81					
	Communication Allowance/month																		75.00
	Preparation/Rate Payers Concerns x 2 days/month			430															
TOTAL			565	430	215	135							810	1001					

985

1001 kms x .45= 500.50

~~2755~~ 2710

TOTAL A/P 575.50

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 OR ON MY BEHALF.

3285.50

SIGNATURE:

DATE: Oct 21/09

TOTAL CLAIM: 2730.50