

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: SEPT 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	02-62-00-151	02-6-3-08-151	02-66-01-151	02-66-02-151	02-11-00-153		B	L	D	\$ AMT			
AUG 19	ASB	1/2				135						81						
" 19	Livestock Protocol mtg	1/2										135	-					
" 20	n SWA mtg	1/2										135	81					
" 24	PSAMS	1/2										135	-					
SEPT 1	Council	1	215									81						
" 8	County Road Tour	1	215	215								81						
" 14	FCS's	1/2										135	81					
	Communication Allowance/month																	75.00
	Preparation/Rate Payers Concerns x 2 days/month			430														
TOTAL			430	430		135					540	405						

215 645  
 02-62-00-212 MILEAGE \$38.57+1.93  
 02-11-00-212 MILE CO \$154.24+7.71  
 02-11-00-217 PHONE \$71.43+3.57  
 405 kms x .50 = 202.50  
 TOTAL A/P 277.50

TOTAL HONORARIA

I HEREBY CERTIFY THAT THE WHOLE OF THE EXPENDITURE WAS INCURRED ON MY BUSINESS, THAT EACH ITEM GIVEN IS CORRECT, AND THAT AMOUNTS CLAIMED HAVE NOT PREVIOUSLY BEEN PAID TO ME OR ON MY BEHALF.

SIGNATURE: 

DATE: Sept 18/09

TOTAL CLAIM: \$1812.50