ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH MONTH ENDED: APR 15/10 APPROVED BY: [redacted]

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
MAR 19	Mtg with DV Council	1/2	135								81						
" 23	MPC	1/2						135			81						
" 24	ASB	1/2				135					81						
" 26	Livestock Care Conf	1				340					–						
" 29	County Mtg with ERCB	1/2	~~135~~	135							81						
APR 1	PSAMS Mtg	1/2								135	81						
" 6	Council	1	215								81						
" 8	MGB Prelim. Hearing	1/2		135						~~135~~	81						
" 9	FSL	1/2								135	81						
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month			430													
TOTAL			~~485~~ 350	~~430~~ 700		475		135		~~405~~ 270	648						

648 kms x .50 .45= 324

TOTAL A/P 399.00

TOTAL HONORARIA 1930

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: [redacted] DATE: April 20/10 TOTAL CLAIM: 2329.00