

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH MONTH ENDED: AUG 15/10 APPROVED BY: _____

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	Payroll					KM'S	MEALS				HOTEL	OTHER
						ASB	LARB/ CARB	MPC	DAB	OTHER		B	L	D	\$ AMT		
						July 19	FSL	1/2									
" 19	PSAMS	1/2									135	-					
" 20	Council	1	215									81					
" 22	EPBR Tour to County Council	1/2									135	81					
" 27	MPC	1/2						135				81					
AUG 9	Private Mtg with Reeve & CAA	1/2									135	81					
" 10	Council	1	215									81					
	Communication Allowance/month															75.00	
	Preparation/Rate Payers Concerns x 2 days/month		430														
TOTAL			430	430				135	590	486							

486 kms x .50 = 243
TOTAL EXPENSES 318.00

TOTAL HONORARIA 1535
 I HEREBY CERTIFY THAT THE WHOLE OF THE EXPENDITURE WAS INCURRED ON COUNTY BUSINESS, THAT EACH ITEM GIVEN IS CORRECT, AND THAT AMOUNTS CLAIMED HAVE NOT PREVIOUSLY BEEN PAID TO ME OR ON MY BEHALF.

SIGNATURE: _____ DATE: Aug 21/10 TOTAL CLAIM: 1853.00