ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH MONTH ENDED: JAN 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
Jan 8	Seed Plant Committee Mtg	1/2								135	26						
11 12	Council	1	215								81						
~~17~~																	
	Communication Allowance/month																31.52 ~~75.00~~
	Preparation/Rate Payers Concerns x 2 days/month			215													
TOTAL			215	215						135	107						

02-11-00-212 $50.95 + 2.55
02-11-00-217 $ 35.71 + 1.79

107 kms x ~~.45~~ .50 = 53.50

TOTAL HONORARIA 565

TOTAL A/P 91.00

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: Jan 19/2010 TOTAL CLAIM: 656.00