

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: MAR
FEB 17/10

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	02-62-00-151	02-6-3-08-151	02-66-01-151	02-66-02-151	02-11-00-153		B	L	D	\$ AMT			
Feb 16	ASB	1/2				135						81						
" 17	Farmer's Advocate Mtg	1		215								81						
" 23	Council	1	215									81						
" 24	Review of Planning doc.	1		215								81						
MAR 1	Strategy Session	1		215								43						
" 3	MPC	1/2						135				81						
" 2	EPBR Parks Info Mtg	1/2										81						
" 4	North Side Watershed Mtg	1										81						
" 9	Council	1	215	215								81						
" 10 & 11	EPBR Parks Info Mtg	1										81						
" 15	AAMP & C Convention	1			215							-						
" 16	" "	1 1/2			340							-						
" 17	" "	1			215							-						
	Communication Allowance/month																	75.00
	Preparation/Rate Payers Concerns x 2 days/month			430														
TOTAL			215	1075	770	135		135			645	772						

$430 + 1075 + 770 + 135 + 135 + 645 = 2975$
 $772 \times .50 = 386$
2975 $290.48 + 314.52$
 $38.57 + 1.93$
 $38.57 + 1.93$
 $71.43 + 3.57$
461.00

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.

SIGNATURE:

DATE: Mar 19 / 2010

TOTAL CLAIM: 3436.00