


ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: SEPT 15/10

APPROVED BY: \_\_\_\_\_

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	Payroll					KM'S	MEALS				HOTEL	OTHER
						ASB	LABB/ CARB	MPC	DAB	OTHER		B	L	D	\$ AMT		
Aug 17	MPC	1/2						135				41					
" 17	Annexation Mtg	1/2	135									40					
" 20	Ec Dev Strategic Plan	1									215	81					
" 30	FCSS	1/2									135	81					
" 31	Council	1	215									81					
Sept 1	Mtg with Annex Ratepayers	1/2	135									81					
" 2	Mtg with DU Council	1/2	135									81					
" 7	MPC	1/2						135				81					
" 15	ASB	1/2				135						81					
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month			430													
TOTAL			620	430		135		270		350		648					

Mrs. Brenda  


TOTAL HONORARIA

1825

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.

1648 kms x .50= 324

TOTAL EXPENSES 399.00

SIGNATURE: 

DATE: Sept 17/10

TOTAL CLAIM: 2204.00