

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Dawn Konelsky

MONTH ENDED: April 15/08

APPROVED BY:

DATE	DETAILS	TIME	Payroll								KM'S	Accounts Payable				HOTEL	OTHER		
			COUNCIL	ADMIN	CONVENT.	ASB	WOODLOT	MPC	DAB	OTHER		MEALS							
			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				
MAR 20	MTG WITH O'Cheise Reserve	130										130	10						
MAR 25	Council mtg.	210											10						
MAR 31	Brazear County Open House	130 130	130										10						
April 2	Brazear County Open House	130	130										10						
April 3	MPC mtg								130				10						
April 3	Community Foundation ^{FOR} PAT		130										10						
April 4	County Budget mtg.	130	130										10						
April 7	Policy Manual Review	130	130										10						
April 8	Council mtg.	210											10						
April 9	Mtg with Scott Boyd		130									130	10						
April 14	Library Board mtg.												130	10					
April 15	Dept Head mtg.	130	130										10						
1	Communication Allowance/month																		75.00
2	Preparation/Rate Payers Concerns x 2 days/month	420 420																	
TOTAL			1620 1620	260 260					130			130 390							
			420 - 1200 -										120						60.00
																			135.00

2140.00 a

120 kms x $\frac{50}{40}$ = 60.00
TOTAL A/P 135.00 a

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: 15 April 08

TOTAL CLAIM: 2275.00