ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Dawn Konelsky MONTH ENDED: August 15/08 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
July 14	Radio interview - N/C										10						
July 22	Council Mtg.		330								10						
July 29	SDAP							130			10						
July 29	SDAP							130			10						
July 31	MPC							130			10						
Aug 6	Building Update			130							10						
Aug 12	Council Mtg.		210								10						
1	Communication Allowance/month																75.00
1	Preparation/Rate Payers Concerns x 2 days/month			420													
TOTAL	02-11-00-217-71.43+3.57 02-11-00-212-40kms.50=19.05+.95 02-66-01-212-10kms.50=4.76+.24 02-66-02-212-20kms.50=9.52+.48		540	550				~~390~~ 130	260		70						75.-
											70	kms x ~~40~~ 50 =					35.-
TOTAL HONORARIA			1480.-								TOTAL A/P						110.-

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: Aug 14/2008 TOTAL CLAIM: 1590.-

INK POT REF# B2401