

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Dawn Konelsky

MONTH ENDED: Feb 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			
JAN 16	ANNEXTATION STRATEGY MTG.		130	130								10						
JAN 17	Library Budget Mtg.											130	10					
JAN 17	Eagle Point Park Mtg.											210	10					
JAN 21	YRL ORIENTATION - Spruce Grove											210	234					
JAN 24	MPC								210			210	10					
Feb 1	Eagle Point Park Mtg.		130									130	10					
Feb 2	Community Foundation											130	10					
1	Communication Allowance/month																	75.00
2	Preparation/Rate Payers Concerns x 2 days/month		420	420														
TOTAL			680	550					210			890	294					75.

1570 + 222 =

~~1792.00~~

1570-

294 kms x .50 = 147.

TOTAL A/P 222.00

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: Feb 4/2008

TOTAL CLAIM: 1792.-