

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Dawn Konelsky

MONTH ENDED: JAN 15 / 08

APPROVED BY: 

DATE	DETAILS	TIME	Payroll								KM'S	Accounts Payable						
			COUNCIL	ADMIN	CONVENT.	ASB	WOODLOT	MPC	DAB	OTHER		MEALS			HOTEL	OTHER		
			02-11-00-151	02-11-00-152	02-11-00-154	02-62-00-151	02-6-308-151	02-66-01-151	02-66-02-151	02-11-00-153		B	L	D	\$ AMT			
JAN 4	STRATEGIC PLANNING <i>(long term planning)</i>	1/2	130	130-								10						
JAN 11	BUDGET MTG.	1/2	130	130-								10						
JAN 15	COUNCIL MTG.	1/4	210									10						
1/2	Communication Allowance/month	1/2																37.50 <del>75.00</del>
1	Preparation/Rate Payers Concerns x 2 days/month	1	210	210-							700							
TOTAL			680	470-								30						37.50 <del>75.00</del>

680. *210-*

30 kms x <sup>50</sup>/<sub>40</sub> = 15.00

TOTAL A/P 52.50

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: 16 Jan 08

TOTAL CLAIM: 732.50