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ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Dawn Konelsky MONTH ENDED: MARCH 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	MEALS L	MEALS D	MEALS $ AMT	HOTEL	OTHER
FEB 26	Council Mtg	1	210								10						
MAR 4	Library Board Mtg	1/2								130	10						
1	Communication Allowance/month																75.00
2	Preparation/Rate Payers Concerns x 2 days/month		~~420~~	420													
TOTAL			~~630~~							130	20						75.-

20 kms x ~~.40~~ .50 = 10.-

TOTAL HONORARIA 760.- a

TOTAL A/P 85.-

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: 12 March 08 TOTAL CLAIM: 845.00