

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Dawn Konelsky

MONTH ENDED: Oct 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			
Sept 23/08	Council Mtg		210									10								
Sept 30/08	Strategic Planning mtg		130	130								10								
Oct 2/08	MPC								130			10								
Oct 14/08	Council Mtg		210									10								
Oct 14/08	Library Board (no quorum)											130								
Oct 15/08	Breton ASB Reg. Conference					130						111								
/	Communication Allowance/month																		75.00	
/	Preparation/Rate Payers Concerns x 2 days/month		420	420																
TOTAL	02-11-00-217 - \$71.43 + 3.57		970	550		130		130		130	161								75.-	
	02-62-00-212 - 111km x .50 = \$55.50 + 2.64		420																	
	02-11-00-212 40km x .50 = \$19.05 + .95																			
	02-66-01-212 10km x .50 = \$4.76 + .24																			
			1360. ✓										161							80.50
																				155.50

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: Oct 16/08

TOTAL CLAIM: 1515.50