ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: Dawn C. Konelsky. MONTH ENDED: Sept 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	KM'S	Accounts Payable: MEALS B	L	D	$ AMT	HOTEL	OTHER
Aug 20	Budget Mtg.			130							10						
Aug 20	MPC							130			10						
Aug 26	Comm. Facilitator		~~210~~	210							10						
Sept 2	Council Mtg.		210								10						
Sept 2	Library Bd. (C)								02-74-00-151	130	10						
Sept 9	Policy Review		~~130~~	130							10						
Sept 9	Eagle Pt Park.									130	10						
Sept 9	Library Board Mtg.								02-74-00-151	130	10						
Sept 12	Sigrid Brazeau Cheques			130							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 02-11-00-212-80km@.50=38.10+1.90 02-66-01-212-10km@.50=4.76+.24		~~550~~ 210	~~680~~ 1020				130		390	90						
											90	kms x .~~50~~ 5 =				45.00	
TOTAL HONORARIA			1750.-								TOTAL A/P					120.-	

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: Sept 16/2008 TOTAL CLAIM: 1870.-

INK POT REF# B2401