ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: WES TWEEDLE MONTH ENDED: APR 15/10 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
MAR 16														✓	142.54		
19	TOWN/COUNTY MEETING	½		165✓						~~165~~	70						
23	BIG MILE COMMITTEE	½		165✓						~~165~~	70						
29	ERCB INFO. MEETING	½		165✓						~~165~~	70						
30	LODGEPOLE FIRE SMART	1		270✓						~~270~~	70						
APR 1	FIRE TRAINING CENTER	½		165✓							70						
6	REGULAR COUNCIL	1½	380✓								70						
8	M.G.B. PRE. HEARING	½		165✓							70		✓		40.41		
12	GAER HINTON	1								270✓	70						
13	SYNGAS PROJECT	1		270✓							70						
	REEVES PAY			260✓													
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month	2		540✓													
TOTAL		9	380	~~1400~~ 2165						270 ~~1035~~	630				$ 182.95 ~~40.41~~		75.00

MILEC 630✓ kms
GST 630✓ kms
MEALC $135.75✓ + 6.79✓ PHONE $ 71.43✓ + 3.57✓ $ 2815.00
MEALC $38.50✓ + 1.91✓

630 kms x ~~.45~~ .50 = 315.00

TOTAL HONORARIA

TOTAL A/P 572.95

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: APRIL 18/10. TOTAL CLAIM: $ 3387.95