

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: WES TWEEDLE

MONTH ENDED: AUG 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				
JULY 21	AAMD+C ZONE	1										260	230						
JULY 22	REGULAR COUNCIL	1 1/2	420										70						
23	CAMERA CREW FOR BRAZEAU ^{NOTE}	1/2										160	187						
31	M.P.C.	1/2							160				70	✓	29.62				
AUG 6	BUILDING COMMITTEE	1/2		160								160	70						
11	PARKS COUNCIL	1/2										160	70						
Aug 12	Council	1	210																
	REEVES PAY	1		260															
	Communication Allowance/month	✗																	75.00
	Preparation/Rate Payers Concerns x 2 days/month	2		520															
TOTAL		7 1/2	420	780					160			710	697		29.62				75.00
												580							
													697		50				348.50

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.

2310.00 2100.00

TOTAL A/P 453.12

SIGNATURE: 

DATE: AUG 17/08

TOTAL CLAIM: 2553.12