

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM



NAME: WES TWEEDLE

MONTH ENDED: AUG 15/10

APPROVED BY: _____

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	Payroll					KM'S	MEALS				HOTEL	OTHER
						ASB	LARB/CARB	MPC	DAB	OTHER		B	L	D	\$ AMT		
JULY 19	BRIDGE SOP TURNING	1 1/2									165						
	CHINEESE DELEGATION	1		270 ^X							70						
20	REGULAR COUNCIL	2	165 ^X								70	✓					
21	ALBERTA HEALTH ACT	1/2		165 ^X							70						
26	HANDIC ZONE MEETING	1									270 ^X						
29	SIGNING CHECKS ETC	1/2		165 [✓]							70						
AUG 9	PERSONEL ISSUE	1/2		165 [✓]							70						
10	REGULAR COUNCIL	1	270 ^X								70						
15	RAMSEY CENTENIAL	1/2		165 ^X							55						
	REEVES PAY			260 [✓]													
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month	2		540 ^X													
TOTAL		8 1/2	435	1730 ^X							435	710 ^X	35.56				75 ^X

35.14
35.56
33.68
+ 1.46 GST
35.14

\$ 2100.00
\$ 1895.00

710 kms x .50 = 355.00
TOTAL EXPENSES \$ 465.56

TOTAL HONORARIA

I HEREBY CERTIFY THAT THE WHOLE OF THE EXPENDITURE WAS INCURRED ON COUNTY BUSINESS, THAT EACH ITEM GIVEN IS CORRECT, AND THAT AMOUNTS CLAIMED HAVE NOT PREVIOUSLY BEEN PAID TO ME OR ON MY BEHALF.

SIGNATURE: _____

DATE: AUG 16/10

\$ 3065.14
\$ 3065.56
TOTAL CLAIM: \$ 2360.56