

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: WES TWEEDLE

MONTH ENDED: JUNE 15/10

APPROVED BY: 

DATE	DETAILS	TIME	Payroll								Accounts Payable								
			COUNCIL	ADMIN	CONVENT.	ASB	WOODLOT	MPC	DAB	OTHER	KM'S	MEALS				HOTEL	OTHER		
			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				
MAY 17	FCSS RETREAT	1										270	70						
"	COUNTY A.G.M.	1/2		165									60						
18	REG. COUNCIL	1	270										70						
"	CELEBRATION OF BUSINESS	1/2										165							
29	TOPSTAD 100. CELEBRATION	NC.																	
31	H.H., PITOKWE, CENTRAL AIRSHED	1		270									70						
JUNE 1	CLEARWATER COUNTY	1		270								270	298						
3	R.C.M.P OPEN HOUSE, BERRYMOOR ^{SUPPER}	NC																	
4	CANCER RELAY FOR LIFE	NC.											70						
7	GAER FOX CREEK	1										270	496						
8	REG COUNCIL, SENIORS LUNCH	1	270										70						
9	PARKS MEETING (MLA)	1/2		165									70						
14	SERVICE DELIVERY	1		270								270	70						
	REEVES PAY Communication Allowance/month	2		260															75.00
	Preparation/Rate Payers Concerns x 2 days/month	2		540															
TOTAL		10	540	1670								975	1344						

1344 ⁵⁰ kms x .45 = 672.00
 TOTAL A/P \$ 747.00

\$ 3185.00

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: JUNE 15/10.

TOTAL CLAIM: \$ 3932.00