

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: WES TWEEDLE

MONTH ENDED: MAY 15/10

APPROVED BY: 

DATE	DETAILS	TIME	Payroll								KM'S	Accounts Payable							
			COUNCIL	ADMIN	CONVENT.	ASB	WOODLOT	MPC	DAB	OTHER		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				
APR 20	PLANNING MEETING	1/2										165	70						
21	WEST VALLEY PARK MEETING	1/2										165	70						
23	COUNTY/TOWN MEETING	1/2										165	80						
26	MEETING WITH CABINET MINISTERS	1/2		165									70						
27	REGULAR COUNCIL	1	270										70						
27	BUCK CREEK WATER STUDY	1/2										165	75						
30	MEETING WITH MINISTER REYNER	1		270									30						
MAY 8	LEBIDN WALL OF HONOR	1/2										165	70						
14	ROTARY ZONE CONVENTION	1/2										165	70						
	REEVES PAY.			260															
	Communication Allowance/month	2		-															75.00
	Preparation/Rate Payers Concerns x 2 days/month	2		540															
TOTAL			270	1235								990	605						

605 ^{50¢} kms x ~~45¢~~ = 302.50
 TOTAL A/P 377.50

\$ 2495.00

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: MAY 16/10

TOTAL CLAIM: 2872.50