

2021 Board Honoraria/Expense Claim Form

Board Name ALUS
 Month Ended Dec 21
 Name Cody Claypool


Approved by 

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
Dec 2/21	9:00 - 11:48	1/2 Day	\$195	70			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTALS			\$195	70km			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -

2021 RATES (Nov-Dec)	
Up to 2 hrs - \$100	Over 8 Hrs. -\$455
1/2 Day-\$195	Conference rate -\$374
Full Day -\$296	Mileage - .48

Total Honoraria	195.00
Total Expenses	\$ -
Total Mileage	\$ 33.60 -
TOTAL CLAIM AMT:	228.60

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.

Date: Dec 2/2021
 Signature: 

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2022 Board Honoraria/Expense Claim Form

Board Name ASB.
 Month Ended January 2022.
 Name MIKE MUELLER.



Approved by: [REDACTED]

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
JAN 19.	ASB meeting	1-3	100	/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jan 25.	ASB conference + travel		374	/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
" 26.	" "		374	/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
" 27	" "		374	/			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
" 28.	" " travel.		100	/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
" 28	ASB Conference hotel + meal included ^{2.}					627.88.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTALS			1322	0		627.88	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -

2021 RATES (Nov-Dec)	
Up to 2 hrs - \$100	Over 8 Hrs. -\$455
1/2 Day-\$195	Conference rate -\$374
Full Day -\$296	Mileage - .51

Total Honoraria	1322.
Total Expenses	\$ 627.88
Total Mileage	\$ NA -
TOTAL CLAIM AMT:	1949.88

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.

Date: Jan 31/22.
 Signature: [REDACTED]

2021 Board Honoraria/Expense Claim Form

Board Name ALUS
 Month Ended December 2021
 Name COURTNEY SMITH

Approved by: 

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
Dec 2/2021	9:00 - 11:35	Y2	195.00	55			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTALS			195.00	55			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -

2021 RATES (Nov-Dec)	
Up to 2 hrs - \$100	Over 8 Hrs. -\$455
1/2 Day-\$195	Conference rate -\$374
Full Day-\$296	Mileage - .48

Total Honoraria	195.00
Total Expenses	\$ -
Total Mileage	\$ 26.40
TOTAL CLAIM AMT:	221.40

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.

Date: Dec. 2/21

Signature: 