

RECEIVED AUG 29 2022

2022 Board Honoraria/Expense Claim Form

Board Name ASB
 Month Ended August
 Name MIKE MUELLER



Approved by:

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
Aug 17/22	regular ASB	9-11:30	100	/			<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			100	0			<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	100
Total Expenses	\$ -
Total Mileage	\$ -
TOTAL CLAIM AMT:	100

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: Aug 29, 2022
 Signature:

2022 Board Honoraria/Expense Claim Form

Board Name ASB
 Month Ended Sept / 2022
 Name MIKE MUELLER



Approved by: [Redacted]

Date	Details	Time	Honoraria	Mileage (km's)	Other Expenses		MEALS			
					Hotel	Other	B	L	D	\$ Amt
Sept 21/2022	regular ASB	9-12	195	/	/	/	<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	0			<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	195
Total Expenses	\$ -
Total Mileage	\$ -
TOTAL CLAIM AMT:	195

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: Sept 12/22
 Signature: [Redacted]