

Honoraria/Expense - Claim Form

Month/Year AUGUST, 2022  
 Elected Official CODY BROOKS



Signature(Approver 1) [Redacted]

Print name Kara Westerlund

Signature(Approver 2) [Redacted]

Print name Dallas Ekstrom

Date	Details	Time	Honoraria	KM'S	Other Expenses	Meals		
						Breakfast(\$12)	Lunch(\$16)	Supper(\$22)
8/9/2022	Regular Council Meeting	Over 8 Hrs.	\$455	11				
8/11/2022	Meeting with AER	1/2 Day	\$195	11				
8/16/2022	Municipal Planning Commission	Up to 2 Hrs	\$100	11				
8/18/2022	Brazeau Fondation	n/a						
8/23/2022	Regular Council Meeting	Over 8 Hrs.	\$455	11				
Communication Allowance		\$275.00		44	\$0.00	\$0.00		
Resident Concerns		\$1,595.00						
Deputy Reeve		Deputy Reeve	\$ 155.00					
			\$1,360.00					
						<b>Total Honoraria</b>	\$2,955.00	
						<b>Total Expenses</b>	\$275.00	
						<b>Total Mileage</b>	\$26.84	
						<b>TOTAL CLAIM</b>	<b>\$3,256.84</b>	

I hereby certify that the wholeof the expenditure was incurred on County business, that each item given is correct, and that the amounts claimed have not previously been paid to me or on my behalf. Rates are in accordances with County Policy

Signature/Date: [Redacted]