# Honoraria/Expense - Claim Form

Month/Year: AUGUST, 2022

Elected Official: DALLAS EKSTROM

*Signature(Approver 1)* [redacted]

Print name: Cody Brooks

*Signature(Approver 2)* [redacted]

Print name: ~~Kara Westerlund~~

| Date | Details | Time | Honoraria | KM'S | Other Expenses | Meals Breakfast($12) Lunch($16) Supper($22) |
|---|---|---|---|---|---|---|
| 8/9/2022 | COUNCIL | Over 8 Hrs. | $455 | 100 | | |
| 8/10/2022 | AER | 1/2 Day | $195 | 100 | | |
| 8/16/2022 | MPC | Up to 2 Hrs | $100 | 100 | | |
| 8/17/2022 | ASB | 1/2 Day | $195 | 100 | | |
| 8/23/2022 | COUNCIL | Over 8 Hrs. | $455 | 100 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Communication Allowance | $275.00 | | 500 | $0.00 | $0.00 |
| | Resident Concerns | $1,595.00 | | | | |
| | Deputy Reeve | | $1,400.00 | | | |

| | |
|---|---|
| Total Honoraria | $2,995.00 |
| Total Expenses | $275.00 |
| Total Mileage | $305.00 |
| TOTAL CLAIM | *$3,575.00* |

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]