

Honoraria/Expense - Claim Form

JANUARY, 2023

Month/Year

Elected Official

DALLAS EKSTROM



Signature(Approver 1)

Print name

Signature(Approver 2)

Print name

Donna Wiltsie

Bart Guyon  
Reeve

Date	Details	Time	Honoraria	KM'S	Other Expenses	Meals	
						Breakfast(\$12)	Lunch(\$16) Supper(\$22)
1/10/2023	MPC	Up to 2 Hrs	\$100	100			
1/12/2023	ASB	1/2 Day	\$195	100			
1/17/2023	COUNCIL MTG	Full Day	\$296	100			
Communication Allowance		\$275.00		300	\$0.00	\$0.00	
Resident Concerns		\$1,595.00					
Deputy Reeve							
			\$591.00				
				<b>Total Honoraria</b>	\$2,186.00		
				<b>Total Expenses</b>	\$275.00		
				<b>Total Mileage</b>	\$204.00		
				<b>TOTAL CLAIM</b>	<b>\$2,665.00</b>		

I hereby certify that the whole of 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 accordance with County Policy

Signature/Date:

[Redacted Signature]