# Honoraria/Expense - Claim Form

**Month/Year** AUGUST, 2022

**Elected Official** DALLAS EKSTROM

***Signature(Approver 1)*** [redacted]

Print name RANDY SWAB

***Signature(Approver 2)*** [redacted]

Print name Cindy Brooks

| Date | Details | Time | Honoraria | KM'S | Other Expenses | Meals (Breakfast($12) Lunch($16) Supper($22)) |
|---|---|---|---|---|---|---|
| 7/12/2022 | MPC | Up to 2 Hrs | $100 | 100 | | |
| 7/18/2022 | Council Workshop | 1/2 Day | $195 | 100 | | |
| 7/20/2022 | ASB | Full Day | $296 | 100 | | |
| 7/29/2022 | Council Workshop | 1/2 Day | $195 | 100 | | |
| 7/6/2022 | Hemp Meeting | 1/2 Day | $195 | 100 | | |
| 7/5/2022 | council meeting | Over 8 Hrs. | $455 | 100 | | |
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| | Communication Allowance | $275.00 | | 600 | $0.00 | $0.00 |
| | Resident Concerns | $1,595.00 | | | | |
| | Deputy Reeve | | | | | |
| | | | $1,436.00 | | | |

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|---|---|
| Total Honoraria | $3,031.00 |
| Total Expenses | $275.00 |
| Total Mileage | $366.00 |
| **TOTAL CLAIM** | ***$3,672.00*** |

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:** Dallas Ekstrom Aug5/2022 [redacted]