

Honoraria/Expense - Claim Form

Month/Year _____

MARCH, 2023

Elected Official _____

DALLAS EKSTROM



Signature(Approver 1) _____

Print name _____

Signature(Approver 2) _____

Print name _____

 Cody Brooks

 RUTHENY HEINRICH

Date	Details	Time	Honoraria	KM'S	Other Expenses	Meals		
						Breakfast(\$12)	Lunch(\$16)	Supper(\$22)
3/7/2023	COUNCIL	Full Day	\$296	100				
3/8/2023	WRSD	1/2 Day	\$195	100				
3/14/2023	MPC	1/2 Day	\$195	100				
3/19/2023	TRAVEL	Up to 2 Hrs	\$100	125				
3/20/2023	EOEP	Conference	\$374					
		n/a						
3/21/2023	RMA	Conference	\$374					\$22.00
3/22/2023	RMA	Conference	\$374	125				\$16.00
3/23/2023	ASB	1/2 Day	\$195	100				
3/24/2023	WCFA	Conference	\$374	115				\$22.00
	Communication Allowance	\$275.00		765	\$0.00			\$60.00
	Resident Concerns	\$1,595.00						
	Deputy Reeve							
					Total Honoraria			\$4,072.00
					Total Expenses			\$335.00
					Total Mileage			\$520.20
					TOTAL CLAIM			\$4,927.20

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: _____