

Honoraria/Expense - Claim Form

Month/Year _____

JANUARY, 2023

Elected Official _____

BART GUYON



Signature(Approver 1) _____

Print name _____

[Redacted Signature]
[Redacted Print Name]

Signature(Approver 2) _____

Print name _____

[Redacted Signature]
[Redacted Print Name]

Date	Details	Time	Honoraria	KM'S	Other Expenses	Meals	
						Breakfast(\$12) Lunch(\$16) Supper(\$22)	
2023 01 17	ASB CONFERENCE GRANDE PRAIRE - no receipt Supper	1/2 Day	\$232	450			\$22.00
2023-01-17	COUNCIL	Full Day	\$365	55			
01 18	ASB CONFERENCE GRANDE PRAIRE	Conference	\$435				
01 19	ASB CONFERENCE GRANDE PRAIRE	Conference	\$435				
01 20	ASB CONFERENCE GRANDE PRAIRE RETURN HOME - no receipt Supper	Full Day	\$365	450			\$22.00
01 23	PEMBINA ZONE	Full Day	\$365	320			
01 25	NSWS	1/2 Day	\$232	55			
Communication Allowance		\$275.00		1330	\$0.00		\$44.00
Resident Concerns		\$1,871.00					
Reeve			\$ 360.00			Total Honoraria	\$4,660.00
			\$2,789.00			Total Expenses	\$319.00
						Total Mileage	\$904.40
						TOTAL CLAIM	\$5,883.40

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]
[Redacted Date]