

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: APR 30/20

APPROVED BY: 

| DATE  | DETAILS                    | TIME   | CONVENT. | ASB | MPC | SDAB | OTHER | KMS | MEALS |   |   |        | HOTEL | OTHER              |
|-------|----------------------------|--------|----------|-----|-----|------|-------|-----|-------|---|---|--------|-------|--------------------|
|       |                            |        |          |     |     |      |       |     | B     | L | D | \$ AMT |       |                    |
| APR 7 | Council                    | 1      | 266      |     |     |      |       | 90  |       |   |   |        |       |                    |
| " 9   | " continued                | 1/2    | 176      |     |     |      |       | 90  |       |   |   |        |       |                    |
| " 14  | MPC                        | 1/4    | 100      |     |     |      |       | 90  |       |   |   |        |       |                    |
| " 15  | ASB                        | 1/2    | 176      |     |     |      |       | 90  |       |   |   |        |       |                    |
| " 21  | Council                    | over 8 | 410      |     |     |      |       | 90  |       |   |   |        |       |                    |
| " 22  | Budget Mtg                 | 1      | 266      |     |     |      |       | 90  |       |   |   |        |       |                    |
| " 24  | RMA Resolution session     | 1/2    | 176      |     |     |      |       | 90  |       |   |   |        |       |                    |
|       | Prep + Ratepayer Allowance |        | 1435.50  |     |     |      |       |     |       |   |   |        |       |                    |
|       |                            |        |          |     |     |      |       |     |       |   |   |        |       | communications 180 |
| TOTAL |                            |        |          | .50 |     |      |       | 630 |       |   |   |        |       |                    |

TOTAL HONORARIA

3005.50

I HEREBY CERTIFY THAT THE WHOLE OF THE EXPENDITURE WAS INCURRED ON COUNTY BUSINESS, THAT EACH ITEM GIVEN IS CORRECT, AND THAT AMOUNTS CLAIMED HAVE NOT PREVIOUSLY BEEN PAID TO ME OR ON MY BEHALF.

SIGNATURE: 

DATE: may 1/20

TOTAL CLAIM: 3484.90

630 kms x  $\frac{48}{50}$  = 302.40  
TOTAL EXPENSES 482.40