

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM



NAME: ANTHONY HEINRICH

MONTH ENDED: APRIL 30/22

APPROVED BY:

DATE	DETAILS	TIME	CONVENT.	ASB	MPC	SDAB	OTHER	KMS	MEALS				HOTEL	OTHER
									B	L	D	\$ AMT		
									APR 4	Final Budget Mtg	1/2	195		
" 5	Council	1/2	195					90						
" 19	Council	1	296					90						
" 20	ASB	1/2		195				90						
" 22	FCSS(Breton) Volunteer Appreciation	N/C						-						
" 28	Emergency management training	1/2	195					90						
" 29	ICF input to RMA	1/2	195					90						
	Ratepayer Allowance			1595										180
TOTAL				2665	195				540					

communications  
180

540 kms x .61 = 329.40

TOTAL EXPENSES 509.40

TOTAL HONORARIA

2860

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: April 29/22

DATE:



TOTAL CLAIM: 3369.40