ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

[redacted] Donna Wiltse

NAME: ANTHONY HEINRICH MONTH ENDED: DEC 31/22 APPROVED BY: [redacted] Cody Brooks

DATE	DETAILS	TIME	CONVENT.	ASB	MPC	SDAB	OTHER	KM'S	MEALS B	MEALS L	MEALS D	MEALS $ AMT	HOTEL	OTHER
DEC 6	Council	1	296					90						
" 14	lunch with DV council	N/C						—						
" 14	ASB	1/2		195				90						
" 20	Council	1	296					90						
													Communicate	180
	Ratepayer Allowance		1595											
TOTAL			2187	195				270						

270 kms x .55= .61 164.70

TOTAL HONORARIA 2382

TOTAL EXPENSES 344.70

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: [redacted] DATE: Jan 3/23 TOTAL CLAIM: 2726.70

INK POT REF# L6348