

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: FEB 28/22 APPROVED BY: [REDACTED]

PRINT Kawestahua
 PRINT Ralle Ekstrom
 Payroll

DATE	DETAILS	TIME	CONVENT.	ASB	MPC	SDAB	OTHER	KM'S	MEALS				HOTEL	OTHER	
									B	L	D	\$ AMT			
FEB 8	FCS Council														
" 15	Special Council														
" 16	ASB														
" 22	Council														
" 24	Townhall phone mtg with ^{Min} ag ^{gr} gr														
	Ratepayer Allowance														
TOTAL															

OVER 8455

1/4 100

195

1 296

N/C

1595

communication
180

2446195

kms x .55=

2641

TOTAL EXPENSES 180.00

TOTAL HONORARIA

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: March 2/22

TOTAL CLAIM: 2821.00