

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM



Donna Wilts



NAME: AK ~~ANTHONY~~ ANTHONY HEINRICH MONTH ENDED: JAN 31/23 APPROVED BY: _____

DATE	DETAILS	TIME	CONVENT.	ASB	MPC	SDAB	OTHER	KMS	MEALS				HOTEL	OTHER	
									B	L	D	\$ AMT			
JAN 12	ASB	1/2		195				90							
" 17	Council	1		296				90							
	Ratepayer Allowance			1595											
TOTAL				1891	195				180						

Communication 180

180 kms x .55 = 122.40

TOTAL EXPENSES 302.40

2086

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: DATE: Feb 1 / 23 TOTAL CLAIM: 2388.40