

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH

MONTH ENDED: JUNE 30/20

APPROVED BY: 

DATE	DETAILS	TIME	CONVENT.	ASB	MPC	SDAB	OTHER	KM'S	MEALS				HOTEL	OTHER
									B	L	D	\$ AMT		
June 2	Council	1	266					90						
" 3	of Council Gathering with DV	1/2	176					81						
" 15	CAD Review	1/2	176					90						
" 16	Council	1	266					90						
" 17	ASB	1/2		176				90						
" 17	MPC	1/2			176			-						
" 18	Rec Bd Mtg Prep.	1/4					100	90						
" 19	Ag Tour Planning Mtg	1/2		176				90						
" 22	CAD Review	1/2	176					90						
" 25	Rec Bd Mtg	1/2					176	81						
" 29	Special Mtg	1/2	176					90						
	Prep & Rolepayer Allowance		1435.50											
			50											
TOTAL			2671	352	176		276	882						

communication 180

882 ⁴⁸ kms x .34 = 423.36

3475.50

TOTAL EXPENSES 603.36

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: June 30/20

TOTAL CLAIM: 4078.86