ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

[redacted] Dallas Ekstrom
Cady Brooks

NAME: ANTHONY HEINRICH MONTH ENDED: MAR 31/23 APPROVED BY: [redacted]

DATE	DETAILS	TIME	Payroll CONVENT.	ASB	MPC	SDAB	OTHER	KM'S	MEALS B	MEALS L	MEALS D	MEALS $ AMT	HOTEL	OTHER
MAR 1	~~Council~~ ARB Training	½					195	90						
" 2	ARB Training	½					195	90						
" 3	ARB Training & Test	1					296	90						
" 7	Council	1	296					90						
" 15	Breton Library Bd Mtg	½					195	99						
" 23	ASB Mtg	½		195				90						
" 27	~~MP~~ MDP Workshop	½					195	90						
											Communication		180	
	Ratepayer allowance		1595											
TOTAL			1891	195			1076	559					180	

559 kms x .55 = .68 480.12

TOTAL HONORARIA 3162

TOTAL EXPENSES 660.12

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: April 4/23 TOTAL CLAIM: 3822.12

INK POT REF# L6348