

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH MONTH ENDED: MAY 31/18 APPROVED BY: 

DATE	DETAILS	TIME	COUNCIL	ADMIN	CONVENT.	Payroll					KMS	MEALS				HOTEL	OTHER
						ASB	LARB/CARB	MPC	DAB	OTHER		B	L	D	\$ AMT		
MAY 1	CPAA conf	CONF	<del>349</del>		349						-						
" 2	CPAA conf	1	<del>271</del>		271						-						
" 3	grades operators meeting & Policy review	1	271								90						
" 4	Council	1	271								90						
" 15	Council	OVER 8	430								90						
" 16	ASB	1/2				170					90						
" 17	Bretton Rural Crime Watch	1/2									-						
" 22	MPC	1/2						170			90						
" 24	PAS mtg	1/2								170	45						
	Communication Allowance/month																200 75.00
	Preparation/Rate Payers Concerns x 2 days/month		1084														
TOTAL			2056		620	170		170		170	495						

3186

YTD Km 3082

495 kms x .55 = 272.25

TOTAL EXPENSES 472.25

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: May 31/18

TOTAL CLAIM: 3658.25