

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

Donna WITSE
[Redacted]

NAME: ANTHONY HEINRICH

MONTH ENDED: MAY 31/22

APPROVED BY: RANDY SWAP
[Redacted]

DATE	DETAILS	TIME	CONVENT.	ASB	MPC	SDAB	OTHER	KMS	MEALS				HOTEL	OTHER
									B	L	D	\$ AMT		
									MAY 3	Council	1	296		
" 6	Respectful leadership	1/2						195	90					
" 9	SDAB Training	1/2						195	90					
" 10	SDAB training	1/2						195	90					
" 11	SDAB training	1/2						195	90					
" 12	SDAB training	1/2						195	90					
" 16	Road Priorities Workshop	1/2	195					90						
" 17	Council	1	296					90						
" 18	ASB	1/2	195					90						
" 25	RMA membership townhall	1/2	195											
" 26	PAS mtg	1/2					195							
														communications 180 180
	Ratepayer Allowance		1595											
TOTAL			2577	195			1170							

kms x .55 = 61494.10

3942

TOTAL EXPENSES 674.10

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: May 31/22

TOTAL CLAIM: 4616.10