

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

Randy Swap

NAME: ANTHONY HEINRICH

MONTH ENDED: NOV 30 / 22

APPROVED BY: [Signature]

Dallas Ekstrom

Payroll

DATE	DETAILS	TIME	CONVENT.	ASB	MPC	SDAB	OTHER	KM'S	MEALS				HOTEL	OTHER
									B	L	D	\$ AMT		
NOV 1	Equipment Pool Workshop	1/2	195					90						
" 3	Road Priorities "	1/2	195					90						
" 16	ASB	1/2		195				90						
" 16	Bretton L. Bd. Mtg	1/2					195	19						
" 17	Budget Mtg	1	296					90						
" 18	Budget Mtg	1	296					90						
" 22	Council	1	296					90						
" 23	Budget Mtg	1	296					90						
" 24	Budget Mtg	1	296					90						
" 25	Budget Mtg	1/2	195					90						
"														
	Postpayer Allowance		1595											
TOTAL			3660	195			195	829						

communication 80

4050

829 ~~505~~ ⁶¹ kms x .55 = 505.69

TOTAL EXPENSES 685.69

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: [Signature]

DATE: Dec 1 / 22

TOTAL CLAIM: 4735.69