ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ANTHONY HEINRICH MONTH ENDED: Oct 31/21 APPROVED BY: [redacted]

DATE	DETAILS	TIME	CONVENT.	ASB	MPC	SDAB	OTHER	KM'S	MEALS B	MEALS L	MEALS D	MEALS $ AMT	HOTEL	OTHER
	Payroll													
Oct 5	Council	1/2	~~176~~ 176					90						
"	Council Swearing In	1	~~286~~ 286					90						
	Ratepayer Allowance	1435.5												
	communication												180.00	
TOTAL		1901.50						180						

180 kms x .55= 86.40

TOTAL HONORARIA

TOTAL EXPENSES 266.40

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: Nov 3/21 TOTAL CLAIM: 2173.90

INK POT REF# L6348