Honoraria/Expense - Claim Form

Month Ended: October 31, 2017

Elected Official: Heidi Swan

Approved by: NOV 0 6 2017

Approved by: [redacted] NOV 0 6 2017

Date	Details	Time	Honoraria	Mileage Km's	Other Expenses		MEALS			
					Hotel	Other	B	L	D	$ Amt
	Mileage carried over from previous month			0						
oct 26	swear in/ organization/orientation	Full Day	$271	44			☐	☐	☐	
Oct 30	Physician Recruitment Committee	1/2 Day	$170	54			☐	☐	☐	
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	Communication Allowance	~~$250.00~~	~~49~~ 49	98						
	Resident Concerns	49	~~$1,064.00~~ 214							
	Deputy Reeve		~~$1,525.00~~ 655							

ATTACH ALL ORIGINAL RECIEPTS

Notes	YTD Mileage	98

Total Honoraria	~~$1,525.00~~ 655
Total Expenses	49 ~~$250.00~~
Total Mileage	$52.92
TOTAL CLAIM AMT:	~~$1,827.92~~ 756.92

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. Prices are in accoradance with County Policy.

Date: Nov 6 2017

Signature: [redacted]