



Honoraria/Expense - Claim Form

Month Ended February 28, 2018
Elected Official Kara Westerlund

Approved by: [Signature]
Approved by: [Signature]

Table with columns: Date, Details, Time, Honoraria, Mileage Km's, Other Expenses (Hotel, Other), MEALS (B, L, D), \$ Amt. Rows include dates from Feb. 1 to Feb. 28 and summary rows for Communication Allowance, Resident Concerns, Deputy Reeve, and YTD Mileage.

Summary table with columns: Category, Amount. Rows: Total Honoraria (\$2,624.00), Total Expenses (\$250.00), Total Mileage (\$29.70), TOTAL CLAIM AMT (\$2,903.70).

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 accordance with County Policy.

Date: Apr 6 11 3
Signature: [Signature]