
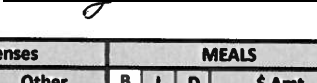




Honoraria/Expense - Claim Form

Month Ended September 30, 2018
 Elected Official Kara Westerlund

Approved by: 
 Approved by: 

Date	Details	Time	Honoraria	Mileage Km's	Other Expenses		MEALS			\$ Amt
					Hotel	Other	B	L	D	
Mileage carried over from previous month				1120						
Sept. 4	Regular Council Meeting	Full Day	\$271	8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sept. 6	Special Council Meeting	1/2 Day	\$170	8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sept. 10	Public Works Road Tour	Full Day	\$271	8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sept. 18	Regular Council Meeting	Full Day	\$271	8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Communication Allowance		\$275.00	32						
	Resident Concerns				\$1,084.00					
	Deputy Reeve									
					\$2,067.00					
ATTACH ALL ORIGINAL RECEIPTS										
				Notes	YTD Mileage	1152	Total Honoraria			\$2,067.00
							Total Expenses			\$275.00
							Total Mileage			\$17.60
							TOTAL CLAIM AMT:			\$2,359.60

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: Oct 2 2018
 Signature: 