

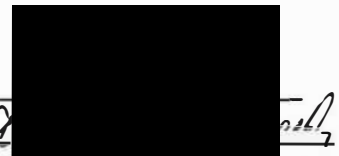
Honoraria/Expense - Claim Form



Month/Year  
Elected Official

December, 2020  
SARA WHEALE

Approved by:  
Approved by:



Date	Details	Time	Honoraria	KM'S	Other Expenses	Meals	
						Breakfast(\$12)	Lunch(\$16) Supper(\$22)
12/1/2021	Reg Council	Full Day	\$266	132			
12/15/2021	Reg Council	Full Day	\$266	132			
12/16/2021	Code of Conduct bylaw review	1/2 Day	\$176	132			
12/28/2021	review resume for interm CAO	1/2 Day	\$176	132			
12/29/2021	Interm CAO interviews	Full Day	\$266	132			
12/30/2021	Interm CAO interviews	Full Day	\$266	132			
12/16/2021	ASB	1/2 Day	\$176	132			
Communication Allowance		\$275.00		924	\$0.00		\$0.00
Resident Concerns		\$1,435.50					
Deputy Reeve							
						<b>Total Honoraria</b>	\$3,027.60
						<b>Total Expenses</b>	\$275.00
						<b>Total Mileage</b>	\$443.52
						<b>TOTAL CLAIM</b>	<b>\$3,746.12</b>

I hereby certify that the whole of the expenditure was incurred on County business, that each item given is correct, and that the amounts claimed have not previously been paid to me or on my behalf. Rates are in accordance with County Policy

Signature/Date:  *Sara Wheale* 5/2021