



Honoraria/Expense - Claim Form

Month Ended May 31, 2018  
 Elected Official Sara Wheale

Approved by: [Redacted]  
 Approved by: [Redacted]

Date	Details	Time	Honoraria	Mileage Km's	Other Expenses		MEALS			\$ Amt	
					Hotel	Other	B	L	D		
	Mileage carried over from previous month			3499							
May 3	Grader operator meeting / Council policy review	Full Day	\$271	132			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
May 4	Council	Full Day	\$271	132			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
May 15	Council / Quarterly report	Over 8 Hrs.	\$430	132			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
May 16	ASB	1/2 Day	\$170	132			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
May 16	Breton library	1/2 Day	\$170				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
May 24	Aquatic committee	1/2 Day	\$170	130			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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	Communication Allowance		\$250.00	658							
	Resident Concerns		\$1,084.00								
	Deputy Reeve										
	<b>ATTACH ALL ORIGINAL RECEIPTS</b>			\$2,566.00							
	<i>Notes</i>										
				YTD Mileage	5109						
										Total Honoraria	\$2,566.00
										Total Expenses	\$250.00
										Total Mileage	\$361.90
										<b>TOTAL CLAIM AMT:</b>	<b>\$3,177.90</b>

Date: June 5, 2018  
 Signature: [Redacted]

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.