



Month Ended October 31, 2017  
 Elected Official Sara Wheale

Honoraria/Expense - Claim Form

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

Date	Details	Time	Honoraria	Mileage Km's	Other Expenses		MEALS				
					Hotel	Other	B	L	D	\$ Amt	
	Mileage carried over from previous month			0							
October 26	orientation and organization meeting	Full Day	\$271	132							
	Communication Allowance	49	\$250.00	271	132						
	Resident Concerns		\$1,084.00								
	Deputy Reeve			214							
				\$1,355.00							
<b>ATTACH ALL ORIGINAL RECEIPTS</b>											
				485							485
				YTD Mileage	132						
						Total Honoraria		\$1,355.00			
						Total Expenses		49 \$250.00			
						Total Mileage		\$71.28			
						TOTAL CLAIM AMT:		\$1,676.28			

Date: NOV 2 1 17  
 Signature: [Redacted Signature] 605.28

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.