Honoraria/Expense - Claim Form

Month Ended: October 31, 2017

Elected Official: Donna Wiltse

Approved by: [redacted]

Approved by:

Date	Details	Time	Honoraria	Mileage Km's	Other Expenses		MEALS			
					Hotel	Other	B	L	D	$ Amt
	Mileage carried over from previous month			0						
Oct 26/17	Organizational and Council Orientation Meeting	Full Day	$271	60			☐	☐	☐	
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	Communication Allowance	~~4~~ 9 ~~$250.00~~		60						
	Resident Concerns		~~$1,084.00~~							
	Deputy Reeve		214							
			~~$1,355.00~~							
	ATTACH ALL ORIGINAL RECIEPTS		485							485
	Notes		YTD Mileage	60						

Total Honoraria	~~$1,355.00~~
Total Expenses	49 ~~$250.00~~
Total Mileage	$32.40
TOTAL CLAIM AMT:	56.40 ~~$1,637.40~~

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 accoradance with County Policy.

Date: Nov 2, 2017

Signature: [redacted]