

COUNTY OF PAINTEARTH NO. 18 - DEPUTY REEVE CLAIM SHEET

NAME: Maurice Wiat

CLAIM PERIOD: May 124
Month Year

[---- Expenses ----]

DATE	TYPE OF FUNCTION	MEETINGS/ CONVENTION	Top Up LODGE	Top Up PEPS	Top Up PRWM	Meals Incidental	Mileage
		# Days	# Days	#Days	# Days	B=\$25.00 L=\$25.00 D=\$35.00	\$0.65/KM
7	Council	.5					
22	Council	.5					
31	ASB Chair Lacombe	1					
	DEPUTY REEVE ALLOWANCE		\$1,000.00				
	(Office use only: Do not write below this line)						
		Days @ \$250.00					
		TOTAL					

Total Payment

1