Village of Ryley Council Expense Claim (2024)					
NAME: Cr. Steph Dennis			MONTH: August		
Date	**Event**	**ALLOWANCE/BENEFIT**	**RATE**	**Number**	**Calculation**
Thursday, August 22, 2024	Claystone Dinner	Payroll: Meeting (Member)	$ 100.00	1.00	$ 100.00
			#N/A	1.00	#N/A
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
	(use last date for multi-date receipts/events)	Drop Down: Pick One	$ -	1.00	$ -
				SUB-TOTAL	#N/A
Date	**Event**	**RECEIPTS (Attached)**	**AMOUNT**		**Calculation**
					$ -
					$ -
					$ -
					$ -
					$ -
	(use last date for multi-date receipts/events)				$ -
				SUB-TOTAL	$ -
		EXPENSE TOTAL			#N/A
		PAYROLL TOTAL			$ 100.00
				GRAND TOTAL	#N/A

Signature: _____ Sept. 17/24 (DATE)

(Print) **Cr. Steph Dennis**

Approved by: _____ 3 Sept. 2024 (DATE)

(Print) Lyndie Knockleby

Validated by: _____ 3 Sep/24 (DATE)

(Print) HAMBRO

Village of Ryley Council Expense Claim (2024)					
NAME: D Mayor Brian Ducherer			MONTH: August		
Date	**Event**	**ALLOWANCE/BENEFIT**	**RATE**	**Number**	**Calculation**
Thursday, August 22, 2024	Claystone Dinner	Payroll: Meeting (Member)	$ 100.00	1.00	$ 100.00
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
	(use last date for multi-date receipts/events)	Drop Down: Pick One	$ -	1.00	$ -
				SUB-TOTAL	$ 100.00
Date	**Event**	**RECEIPTS (Attached)**	**AMOUNT**		**Calculation**
					$ -
					$ -
					$ -
					$ -
					$ -
	(use last date for multi-date receipts/events)				$ -
				SUB-TOTAL	$ -
		EXPENSE TOTAL			$ -
		PAYROLL TOTAL			$ 100.00
				GRAND TOTAL	$ 100.00

Signature: _____ 3 Sep/24

(Print) **D Mayor Brian Ducherer** (DATE)

Approved by: _____ 3 Sep/24

(Print) Lyndia Knockleby (DATE)

Validated by: _____ 3 Sep/24

(Print) (DATE)

Village of Ryley Council Expense Claim (2024)					
NAME: Mayor Lyndie Knockleby			MONTH: August		
Date	**Event**	**ALLOWANCE/BENEFIT**	**RATE**	**Number**	**Calculation**
Thursday, August 22, 2024	Claystone Dinner	Payroll: Meeting (Member)	$ 100.00	1.00	$ 100.00
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
	(use last date for multi-date receipts/events)	Drop Down: Pick One	$ -	1.00	$ -
				SUB-TOTAL	$ 100.00
Date	**Event**	**RECEIPTS (Attached)**	**AMOUNT**		**Calculation**
					$ -
					$ -
					$ -
					$ -
					$ -
	(use last date for multi-date receipts/events)				$ -
				SUB-TOTAL	$ -
		EXPENSE TOTAL			$ -
		PAYROLL TOTAL			$ 100.00
				GRAND TOTAL	$ 100.00

Signature: _____ 3 Sep /24

(Print) **Mayor Lyndie Knockleby** (DATE)

Approved by: _____ 3 Sep/24

(Print) (DATE)

Validated by: _____ HAMBRO 3 Sep /24

(Print) (DATE)

Village of Ryley Council Expense Claim (2024)					
NAME: Cr. Kim Murphy			MONTH: August		
Date	**Event**	**ALLOWANCE/BENEFIT**	**RATE**	**Number**	**Calculation**
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
	(use last date for multi-date receipts/events)	Drop Down: Pick One	$ -	1.00	$ -
				SUB-TOTAL	$ -
Date	**Event**	**RECEIPTS (Attached)**	**AMOUNT**		**Calculation**
					$ -
					$ -
					$ -
					$ -
					$ -
	(use last date for multi-date receipts/events)				$ -
				SUB-TOTAL	$ -
		EXPENSE TOTAL			**$ -**
		PAYROLL TOTAL			**$ -**
				GRAND TOTAL	**$ -**

Signature: NO EXPENSES SUBMITTED _____ _____

(Print) **Cr. Kim Murphy** (DATE)

Approved by: _____ _____

(Print) (DATE)

Validated by: _____ _____

(Print) (DATE)

Village of Ryley Council Expense Claim (2024)					
NAME: Cr. Sheldon Reid			MONTH: August		
Date	**Event**	**ALLOWANCE/BENEFIT**	**RATE**	**Number**	**Calculation**
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
		Drop Down: Pick One	$ -	1.00	$ -
	(use last date for multi-date receipts/events)	Drop Down: Pick One	$ -	1.00	$ -
				SUB-TOTAL	$ -
Date	**Event**	**RECEIPTS (Attached)**	**AMOUNT**		**Calculation**
					$ -
					$ -
					$ -
					$ -
					$ -
	(use last date for multi-date receipts/events)				$ -
				SUB-TOTAL	$ -
		EXPENSE TOTAL			**$ -**
		PAYROLL TOTAL			**$ -**
				GRAND TOTAL	**$ -**

Signature: NO EXPENSES SUBMITTED _____ _____

(Print) **Cr. Sheldon Reid** (DATE)

Approved by: _____ _____

(Print) (DATE)

Validated by: _____ _____

(Print) (DATE)