

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ROBERT L. KITCHING

MONTH ENDED: SEPT 15/11

APPROVED BY:

DATE	DETAILS	TIME	Payroll								Accounts Payable							
			COUNCIL	ADMIN	CONVENT.	ASB	WOODLOT	MPC	DAB	OTHER	KM'S	MEALS			HOTEL	OTHER		
			02-11-00-151	02-11-00-152	02-11-00-154	02-62-00-151	02-6-3-08-151	02-66-01-151	02-66-02-151	02-11-00-153		B	L	D			\$ AMT	
Aug 18	Ag FEASIBILITY MTG	3 HRS										137	53					
22	AQUATIC FEASIBILITY MTG	3 1/2 HRS										137	53					
23	COUNCIL MTG	8 HRS	218										53					
24	Ag SUB BMD TOUR	3 HRS				137							53					
29	JOINT MTG w TOR DV	8 HRS	218										20					
30	MPC	4 HRS							137				53					
31	NSWA DIRECTORS MTG	7 HRS									218		320					
SEPT 12	SDAB APPEAL	2 1/2								137			53					
12	ASB RESOLUTION MTG	2 1/2				137												
13	COUNCIL MTG	8 HRS	218										53					
15	AQUATIC FEASIBILITY MTG	3 HRS										137	53					
	DEPUTY REVE			51														
	Communication Allowance/month																	175.00
	Preparation/Rate Payers Concerns x 2 days/month			436														
TOTAL			654	436		274			137	137	629	764						175.00

487

2318

#2267

km's x .50 = 382.00

TOTAL A/P

557.00

TOTAL HONORARIA

I HEREBY CERTIFY THAT THE WHOLE OF THE EXPENDITURE WAS INCURRED ON MD BUSINESS, THAT EACH ITEM GIVEN IS CORRECT, AND THAT AMOUNTS CLAIMED HAVE NOT PREVIOUSLY BEEN PAID TO ME OR ON MY BEHALF.

SIGNATURE:

DATE:

Sept 18/11

TOTAL CLAIM:

2875.00
2814.00
175.00