ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ROBERT L. KIRKING MONTH ENDED: JAN 15/11 APPROVED BY: [redacted]

DATE	DETAILS	TIME	Payroll: COUNCIL 02-11-00-151	ADMIN 02-11-00-152	CONVENT. 02-11-00-154	ASB 02-62-00-151	WOODLOT 02-6-3-08-151	MPC 02-66-01-151	DAB 02-66-02-151	OTHER 02-11-00-153	Accounts Payable: KM'S	MEALS B	MEALS L	MEALS D	MEALS $ AMT	HOTEL	OTHER
Jan 11	Council mtg	1	215								53						
	Less overpayment for Dec 21 MPC mtg							(135)			(53)						
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month	2		430													
TOTAL			215	430				(135)			0						75.00

TOTAL HONORARIA $510

0 kms x .45=

TOTAL A/P 75.00

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: [redacted] DATE: Jan 18/11 TOTAL CLAIM: $585.00 RB.

INK POT REF: E3406