ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ROBERT L KITCHING MONTH ENDED: Feb 15/11 APPROVED BY: [redacted]

			Payroll								Accounts Payable						
DATE	DETAILS	TIME	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	KM'S	MEALS B	MEALS L	MEALS D	MEALS $ AMT	HOTEL	OTHER
JAN 17/11	UPDATE SUST DIR TO DV NSWA WCAS	1/2		135							53						
19	NSWA BOD MTG EDM	1								215	320						
25	COUNCIL	1	215								53						
28	EC DEV TRNG	1								215	53						
FEB 1	MPC	1/2						135			53						
7	JOINT MTG W TODV	1	~~215~~	215							53						
9	BEMA EOC TRNG	1								215	53						
10	MTG W MINISTERS	1/2								135	53						
15	FARMING INTO THE FUTURE	1			215					~~215~~	53						
JAN 18	MPC	1/2						135			53						
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month	2		430													
TOTAL			430	565				270		995	797						75.00

2260

797 kms x ~~.45~~ 398.50

4.73 50

TOTAL HONORARIA TOTAL A/P

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: Feb 15/11 TOTAL CLAIM: 2733 50

INK POT REF# E3406