

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ROBERT L-KITCHING MONTH ENDED: Aug 15/08 APPROVED BY: [Signature]

DATE	DETAILS	TIME	Payroll								KM'S	Accounts Payable						
			COUNCIL	ADMIN	CONVENT.	ASB	WOODLOT	MPC	DAB	OTHER		MEALS				HOTEL	OTHER	
			02-11-00-151	02-11-00-152	02-11-00-154	02-02-00-151	02-6-3-08-151	02-66-01-151	02-66-02-151	02-11-00-153		B	L	D	\$ AMT			
July 21	ZONE 3 mtg - EDM	1		210								210	53					
22	COUNCIL	1	210										53					
29	SDAR	1								210			53					
24	ALTA BEEF PRODUCERS mtg & Luncheon	1/2										130	200	✓		52 ⁸⁹		
Aug 6	BUILDING Update mtg	1/2		130									53					
12	COUNCIL	1	210										53					
14	NSWA 1 WMP STR Com - SG	1										210	260					
	Communication Allowance/month																	75.00
	Preparation/Rate Payers Concerns x 2 days/month			490														
TOTAL	02-11-00-217-71.43+3.57 02-11-00-212-672kms.50=320.00+16.00 02-66-02-212-53kms.50=25.24+1.26 02-11-00-211-45.70+2.19+7.00		420	660	-	-	-	-	210	340	550	725	52 ⁸⁹	75 ⁰⁰				
												725	kms x .40 = 362 ⁵⁰	490 ³⁹				

TOTAL HONORARIA: \$1730⁻ (circled)
 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: [Signature] DATE: Aug 18/08 TOTAL CLAIM: 2120³⁹