

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ROBERT H. KITCHING

MONTH ENDED: Aug 15/10

APPROVED BY: 

DATE	DETAILS	TIME	Payroll							OTHER	KM'S	Accounts Payable				HOTEL	OTHER		
			COUNCIL	ADMIN	CONVENT.	ASB	WOODLOT	MPC	DAB			MEALS							
			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 19	BRIDGE SOD TURNING - RATES M <sup>13</sup>	1/2										215	53						
20	COUNCIL M <sup>12</sup>	1	215										53						
21	NSWA BOD M <sup>12</sup> - EDM	1										215	320						
Aug 10	COUNCIL M <sup>12</sup>	1	215										53						
	Communication Allowance/month																		75.00
	Preparation/Rate Payers Concerns x 2 days/month			430															
TOTAL			430	430								430	479						75

1290  
 479 kms x .50 = 239.5  
 314

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: Aug 17/10

TOTAL CLAIM: \$1604.58