

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ROBERT H. KITCHING

MONTH ENDED: DEC 31/08

APPROVED BY:

DATE	DETAILS	TIME	Payroll								KM'S	Accounts Payable				HOTEL	OTHER		
			COUNCIL	ADMIN	CONVENT.	ASB	WOODLOT	MPC	DAB	OTHER		MEALS							
			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				
Nov 17/08	EAGLE POINT BLUE RAPIDS PARK	1/2										130	53						
Nov 20/08	NSWA IWMP SPKGRV	1										210	260						
Nov 20/08	WEYHANSOR FAC	1/2										130	250						
Nov 25	COUNCIL	1/2											53						
DEC 9	BUDGET MTC	1		210									53						
DEC 10	BUDGET MTC	1/2		130									53						
DEC 11	AESD MTC OPN HSE	NC																	
DEC 15	EAGLE POINT BLUE RAPIDS PK	1/2										130	53						
DEC 16	COUNCIL	1	210										53						
DEC 17	NSWA IWMP SPKGRV	1										210	260						
DEC 17	SUPPER W T&DU COUNCIL	NC																	
Dec 4/08	Parkes/Publishers Mtg	NC																	
	Communication Allowance/month			630															37.50
	Preparation/Rate Payers Concerns x 3 days/month	3		630															75.00
TOTAL			440	870								810	913						112.50

MILECO 02-11-00-212 \$ 518.10 + 25.90  
 PHONE 02-11-06-217 \$ 107.14 + 5.36

# 2,120

1088 kms x  $\frac{50}{40}$  = 544.00  
 TOTAL A/P 656.50

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: Dec 18/08

TOTAL CLAIM: 2776.50