

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ROBERT L-KITCHING

MONTH ENDED: DEC 31 / 2010

APPROVED BY: 

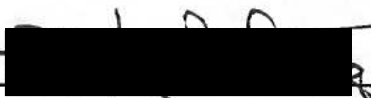
DATE	DETAILS	TIME	Payroll								KM'S	Accounts Payable				HOTEL	OTHER	
			COUNCIL	ADMIN	CONVENT.	ASB	WOODLOT	MPC	DAB	OTHER		MEALS						
			02-11-00-151	02-11-00-152	02-11-00-154	02-62-00-151	02-6-3-08-151	02-66-01-151	02-66-02-151	02-11-00-153		B	L	D	\$ AMT			
Nov 16	AAMDAC CONV	1			340												160 ⁵⁴	
17	AAMDAC CONV	1/2			135													
17	NSWA BOD MB EDM	1/2										135	160					
19	BUDGET MTC	1		215									53					
22	BUDGET MTC	1		215									53					
23	COUNCIL MTC	1	215										53					
25	MTC VIETNAMESE DELEGATION	1/2										135	53					
30	MPC	1/2								135			53					
DEC 1	BUDGET MTC	1		215									53					
7	JOINT MTC w TDV	1/2		135									53					
7	BIO-MILE/ARCC COM	1/2										135	53					
8	NSWA PRESENTATION to TDV	1/2										135	53					
14	COUNCIL MTC	1	215										53					
	Communication Allowance/month																	75.00
	Preparation/Rate Payers Concerns x 2 days/month																	
TOTAL	FOR Page 1		430	780	475					135		540	690				160 ⁵⁶	

kms x .45=

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: 

DATE: Dec 16/2010

TOTAL CLAIM: _____

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

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NAME: ROBERT A. KITCHING MONTH ENDED: Dec 31/2010 APPROVED BY: 

DATE	DETAILS	TIME	Payroll							KMS	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	02-02-00-151	02-03-08-151	02-06-01-151	02-06-02-151		02-11-00-153	B	L	D			\$ AMT	
Dec 15	NSWA BOD MTG EDM	1									215	320						
16	MGB ANNEXATION HRG	1		215								53						
21	MPC	1/2							135			53						
TOTALS From PAGE 1			430	780	475				135		540	690						160 ⁵⁰
	Communication Allowance/month																	
	Preparation/Rate Payers Concerns x 2 days/month	2		430														
TOTAL			430	1425	475				270		755	1116						160 ⁵⁰ 75 ⁵⁰

~~3140~~ 3355.⁰⁰ TOTAL A/P 1116 kms x 50 558⁵⁰ 793⁵⁰

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 16/2010

TOTAL CLAIM: 4148.50
3977.50
3133