


ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ROBERT KITCHING MONTH ENDED: FEB 15/08 APPROVED BY: 

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	02-62-00-151	02-6 3-08-151	02-66-01-151	02-66-02-151	02-11-00-153		B	L	D	\$ AMT				
JAN 16	AG SUC BRD	1/2				130							53						
JAN 16	ANNEXATION STRATEGY/UPDATE	1/2		130									/						
JAN 20	LODGEPOLE COMMUNITY MTG	NC											/						
JAN 22	ASB CONF GR PR	1			330								53	8 ⁰⁰		8 ⁰⁰	173 ³¹		
JAN 23	" " " "	1			330								/				1733 ¹		
JAN 24	" " " "	1			330								/						
FEB 1	MTG WITH PARKS MGMT	1/2		130							130		53						
FEB 4	Z3 MTG NISKU	1		210							210		273						
FEB 7	JOINT MTG BRETON	1/2	130	130									130						
FEB 10	LODGEPOLE COMMUNITY MTG	NC											-						
FEB 14	NSWA IWMP SHERWOOD PK	1									210		280						
FEB 5	COUNCIL	1	210										53						
	Communication Allowance/month																		75.00
	Preparation/Rate Payers Concerns x 2 days/month		210	420															
TOTAL			340	890	990	130	/	/	/	210			895	8 ⁰⁰		346 ⁶²	75 ⁰⁰		

210 - 680

550

2560 a

895 kms x 40 = 44750
877 12

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: FEB 15/08

TOTAL CLAIM: 3437 12