

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ROBERT L. KITCHING

MONTH ENDED: JAN 15 / 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	02-02-00-151	02-6-3-08-151	02-66-01-151	02-66-02-151	02-11-00-153		B	L	D	\$ AMT				
JAN 4	DV MANULIB BRO	1/2										135	53						
12	COUNCIL	1	215										53						
13	COMMUNITY FOUNDATION MIZ	1/2										135	53						
14	PROMOTING YOUTH POTENTIAL MIZ	1/2										135	53						
15	MUNI LIB BRO MIZ	1/2										135	53						
	Depute Reeve (1/2)			25															
	Communication Allowance/month			215															37.50
	Preparation/Rate Payers Concerns x 2 days/month	1		35															75.00
TOTAL			215	240								540	265						37.50

MILE CO 265 KMS
 GST 265 KMS
 PHONE \$1.79 + 35.71

\$ 995
~~\$ 890~~

265 kms x .50 = 132.50

TOTAL A/P 170.00

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: Jan 20 2010

TOTAL CLAIM: 1165.00
~~1060~~