ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ROBERT L. KITCHING MONTH ENDED: JUNE 15/10 APPROVED BY: [redacted]

DATE	DETAILS	TIME	Payroll: COUNCIL 02-11-00-151	ADMIN 02-11-00-152	CONVENT. 02-11-00-154	ASB 02-62-00-151	WOODLOT 02-6-3-08-151	MPC 02-66-01-151	DAB 02-66-02-151	OTHER 02-11-00-153	Accounts Payable: KM'S	MEALS B	L	D	$ AMT	HOTEL	OTHER
MAY 17	BRAZEAU COUNTY AGM - BUS CAR	1/2		135							75						
18	COUNCIL MTG		215								53						
18	BRAZEAU BUSINESS CELEBRATION			135							—						
19	MT W WILD ROSE SCHOOL DIV RMK	1								215	53						
21	WCAS MTG + AGM	1								215	53						
27	TVL TO TORONTO FCM				215						130			✓	78.53		423.41
28	FCM TORONTO	1			340						—	✓			33.64	247.46	200.00
29	" "	1			340						—	✓			61.63	247.46	
30	" "	1			340						—					247.46	
31	" "	1			340						130						
JUNE 8	COUNCIL MTG		215								53						
10										135	53						
14	SERV DELIVERY REV UPDATE	1		215							53						
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month			430													
TOTAL			430	915	1575					565	653				179.80	742.59	698.41
											653				kms x .45=	326.50	
										$3,485					TOTAL A/P	~~2,547.09~~	1947.00

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: [redacted] DATE: June 18/10 TOTAL CLAIM: ~~6,032.09~~ 5432.09

INK POT REF# E3406