

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ROBERT L. KITCHING

MONTH ENDED: MARCH 15/08

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
Feb 19	VIALE BROUÉ Comm MIB	NC															
Feb 20	Aq Su Bro	1/2				130					53	✓		3450			
Feb 26	COUNCIL	1	210								53						
Feb 29	WEST CENT AIRSMD Soc	1								210	53						
Mar 7	RMF Law Sem Edm	1								210	320						
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month			420										3450			
TOTAL			210	420		130				420	479			3450			75.00

1180

479 kms x .40= 239.50

TOTAL A/P 349.00

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: March 20/08

TOTAL CLAIM: 1529