

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ROBERT L. KITCHING

MONTH ENDED: Nov 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				
Oct 20	DIST 3 ZONE MTG	1		210								210	100						
Oct 21	ORGANIZATION MTG	1/2		130									53						
Oct 21	REVIEW-COUNTY OWNED LANDS	1/2		130															
Oct 22	COUNCIL RETREAT Buckhake	1		210									145						
Nov 4	COUNCIL MTG	1	210										53						
Nov 5	REDA MTG	1/2										130	53						
Nov 6	PARKS MTG	1/2										130	53						
Nov 11	AAMDTC PROU CONF-EOM	1/2			130								160						
Nov 12	" " " "	1			330													15	
Nov 13	" " " "	1			330													24	
Nov 14	" " " "	1			210								160					36	
	Communication Allowance/month																		75.00
	Preparation/Rate Payers Concerns x 2 days/month			420															
TOTAL MILEAGE	02-11-00-212 \$370.00 + \$18.50		210	1100	1100							260	777						150
MEALS	02-11-00-211 \$71.44 + \$3.56					890	1000						777						
PHONE	02-11-06-217 \$71.43 + \$3.57																		
TOTAL HONORARIA																			

2570
2670
470
kms x .40 = 388.50
538.50

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: Nov 18/08 TOTAL CLAIM: 3,208.50