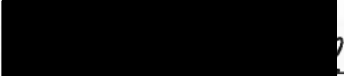


ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ROBERT L-KITCHING

MONTH ENDED: NOV 15/10

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 25	COUNCIL INFO SESSION G CAMP	1		215															
25	EPBR COUNCIL MTG	1/2									135	53							
26	ORGANIZATION MTG	1		215								53							
29	NSWA BOD MTG	1									215	320							
NOV 2	COUNCIL MTG	1	215									53							
3	MPC ORIENTATION	1/2							135			53							
5	PRIORITY SETTING MTG/ANNEX	1		215								53							
9	MPC	1/2							135			53							
10	ANNEXATION MTG	1		215								53							
10	EPBR COUNCIL MTG	1/2									135	53							
15	ANNEX HRG	1		215								215							
15	TUL TO EDM AHAMPC CONF	1/2							135			160						160	
	Communication Allowance/month																		75.00
	Preparation/Rate Payers Concerns x 2 days/month	2		430															
TOTAL			215	710 1505	135				270		485	930						160	75

2610

930 kms x $\frac{5}{4}$ = 465

700.56

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: NOV 19/10

TOTAL CLAIM: 3310.56