

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM


NAME: ROBERT L. KITCHING MONTH ENDED: Oct 15/10 APPROVED BY: 

DATE	DETAILS	TIME	Payroll								KM'S	Accounts Payable						
			COUNCIL	ADMIN	CONVENT.	ASB	WOODLOT	MPC	DAB	OTHER		MEALS			HOTEL	OTHER		
			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			
SEPT 21	COUNCIL MTG	1	215									53						
22	MTG w Towne/DV	1/2	135									53						
23	EPBR SOUND COMMITTEE	1/2									135	53						
24	WCAS DIR MTG-DV	1									215	53						
25	OPEN VIOLET GROVE HANDICAPPED FISHBOWL	1/2									135	30						
29	LUNCHEON MTG w MLA	1/2									135	53						
29	EPBR SOUND COMMITTEE	1/2									135	53						
OCT 4	DIS 3 ZONE MTG	1	215									100						
12	COUNCIL MTG	1	215									53						
12	NSWA PRESENTATION PAPA	1/2									135	53						
13	EPBR SOUND COMMITTEE	1/2									135	53						
	Communication Allowance/month																	75.00
	Preparation/Rate Payers Concerns x 2 days/month	2		430														
TOTAL			780	430							1025	607						75

2234 2235.00
 607 kms x 50 = 30350
 TOTAL A/P 37850

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: Oct 15/10 TOTAL CLAIM: 2613.50
~~2612.50~~