

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM

NAME: ROBERT L. KITCHING

MONTH ENDED: SEPT 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			
AUG 20/08	ASB mtg	1/2				130						53						
AUG 20/08	PRE-BUDGET mtg	1/2		130								/						
AUG 26	COUNCIL COMMUN mtg	1	210									53						
SEPT 2	COUNCIL mtg	1	210									53						
SEPT 9	POLICY REVIEW	1/2		130								/						
SEPT 9	PARKS TOUR	1/2									130	53						
SEPT 11	NSWA IWMP SC mtg	1									210	320						
SEPT	DI HEALTH REG HELI PORT mtg	1/2									130	53						
	Communication Allowance/month																	75.00
	Preparation/Rate Payers Concerns x 2 days/month			420								585						
TOTAL	02-11-00-217-71.43+3.57 02-11-00-212-533kms.50=253.33+12.67 02-62-00-212-53kms.50=25.24+1.26		210	890		130					470	331						75.00

\$ 1,700

585
331
kms x .50 = 202.50
165.50
TOTAL A/P ~~240.50~~ 367.50

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: Sept 17/08

TOTAL CLAIM: 1940.50
2067.50