

ELECTED OFFICIALS/BOARD - HONORARIA/EXPENSE - CLAIM FORM


NAME: ROBERT L. KITCHING MONTH ENDED: SEPT 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	02-02-00-151	02-6-3-08-151	02-66-01-151	02-66-02-151	02-11-00-153		B	L	D	\$ AMT		
AUG 17	COUNCIL MTG ON ANNEXATION	1/2		135								53					
20	Economic Dev	1									215	53					
23	MTG W SRD MINISTER	1/2									135	320					
25	NSWA BOD MTG EDM	1									215	320		✓	20		
31	COUNCIL MTG	1	215									53					
SEPT 1	MTG W PROPERTY OWNERS ^{ANNEX}	1/2		135								53					
2	MTG W T&DV ^{ANNEX}	1/2		135								53					
9	NSWA CENTRAL FORUM EDM	1									215	320		✓	20		
10	MTG W R COLS FIN+ENT-BIDDIVERSITY	1/2									135	53					
7	MTG W WPR RES/PLNG DEPT-CENTRAL	1/2		135								26					
	Communication Allowance/month																75.00
	Preparation/Rate Payers Concerns x 2 days/month	2		430													
TOTAL			215	970							915	1304				40	

2100
 1304 kms x \$ = 652
 TOTAL A/P # 767⁰⁰

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 15/10

TOTAL CLAIM: # 2,867⁰⁰