

REMUNERATION FOR CONFERENCES ATTENDED

I, Allan Murray do declare that

I attended APMDC Spring Conference

on Mar 20-22

at Edmonton and travelled 610 Kms.

I, request to be paid for 3 Days and 2 Nights.

 Allan Murray
(Signature)

(Please attach hotel receipts)

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454

Mr. Allan Murray
 Box 300
 4504 - 53rd Avenue
 Provost, AB T0B 3S0
 Canada

Page Number : 1
 Guest Number: 1136695
 Folio ID : A
 No. Of Guest: 2
 Room Number : 502
 Room Rate : 227.00
 Club Account:

Invoice Nbr: 27749572
 Arrive Date: 20-MAR-17 12:49
 Depart Date: 22-MAR-17 06:49

Email: dlaye@mdprovost.ca
 AAC19A - AAMD&C Spring 2017

Tax Invoice

Tax ID: 815461330RT0001
 The Westin Edmonton 22-MAR-17 06:49 SUFISAK

Date	Reference	Description	Charges	Credits
20-MAR-17	DEPOSIT	Deposit-MC-7217		-254.85
20-MAR-17	RT502	Room Charge	227.00	
20-MAR-17	RT502	GST	11.69	
20-MAR-17	RT502	Destination Marketing Fee	6.81	
20-MAR-17	RT502	Tourism Levy	9.35	
20-MAR-17	RT502	Parking Valet	41.00	
20-MAR-17	RT502	GST	2.05	
21-MAR-17	RT502	Room Charge	227.00	
21-MAR-17	RT502	GST	11.69	
21-MAR-17	RT502	Destination Marketing Fee	6.81	
21-MAR-17	RT502	Tourism Levy	9.35	
21-MAR-17	RT502	Parking Valet	41.00	
21-MAR-17	RT502	GST	2.05	
22-MAR-17	MC	Mastercard-8694		-340.95

Continued on the next page

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Approve EMV Receipt for MC - 8694: PIN Verified
TC:6202D6EAC6B95CB1 TVR:0200008000 AID:A0000000041010
Application Label:MasterCard

** Total 595.80 -595.80
*** Balance 0.00

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Continued on the next page

MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account with:

Name: Alan Murray

Address: _____

This form is only to be used by Municipal Officials in making out account for fees and mileage.

Date	Committee	Days	Mileage
Mar 23	Rec.	1 1/2 hr	48k
29	Med Clinic	2 hrs	48k
Apr 4	Med Centre	1 hr	48k
Forward to summary sheet - Total		3 4 1/2 hrs	144 km

I hereby certify that the whole of this expenditure was incurred on Municipal business, and that each item is correctly given.

Signature: _____

Payment authorized by Council:

Date: _____ 20__