

MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account with:

Name: Allen Murray

Address: _____

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

Date	Committee	Days	Mileage
June 9	Med Centre - Dentist & Mayor	2 hrs	48 km
14	Res Bd	1 hr	48 km
21	Health Foundation	2 hr	48 km
Forward to summary sheet - Total		5 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: Allen Murray

Payment authorized by Council:

Date: _____ 20 ____