

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
Nov 8	Res	1 hr.	48k
Forward to summary sheet - Total		1 hr	48k

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__

REMUNERATION FOR CONFERENCES ATTENDED

I, Allan Murray do declare that

I attended RMA Fall Conference

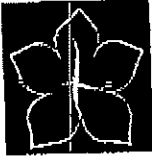
on Nov 19-22

at Edmonton and travelled 57 610 Kms.

I, request to be paid for 4 Days and 3 Nights.

Allan Murray
(signature)

(Please attach hotel receipts)

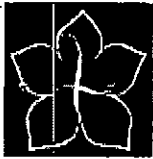


**CHATEAU
LACOMBE**
HOTEL

11-22-18

Allan Murray Canada	Folio No. :		Room No. : 1513
	A/R Number :		Arrival : 11-19-18
	Group Code :	20181119MU	Departure : 11-22-18
	Company :	Municipal District of Provost	Conf. No. : 392418297
	Membership No. :		Rate Code :
			Page No. : 1 of 2

Date	Description	Charges	Credits
		159.00	
11-19-18	*Accommodation		
		4.77	
11-19-18	ERDMF-3%		
		6.55	
11-19-18	Tourism Levy		
		8.19	
11-19-18	Room GST		
		30.00	
11-19-18	Parking - Valet		
		1.50	
11-19-18	Parking GST		
		159.00	
11-20-18	*Accommodation		
		4.77	
11-20-18	ERDMF-3%		
		6.55	
11-20-18	Tourism Levy		
		8.19	
11-20-18	Room GST		
		30.00	
11-20-18	Parking - Valet		
		1.50	
11-20-18	Parking GST		
		159.00	
11-21-18	*Accommodation		
		4.77	
11-21-18	ERDMF-3%		
		6.55	
11-21-18	Tourism Levy		
		8.19	
11-21-18	Room GST		
		30.00	
11-21-18	Parking - Valet		
		1.50	
11-21-18	Parking GST		
			630.03
11-22-18	MasterCard		



**CHATEAU
LACOMBE**
HOTEL

11-22-18

Allan Murray Canada	Folio No. :	Room No. :	1513
	A/R Number :	Arrival :	11-19-18
	Group Code :	Departure :	11-22-18
	Company :	Conf. No. :	392418297
	Membership No. :	Rate Code :	
		Page No. :	2 of 2

Date	Description	Charges	Credits
	Total	630.03	630.03
	Balance	0.00	

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Guest Signature: X _____

GST Summary:

Room	24.57
F&B	19.65
Misc.	4.50

G.S.T. Registration Number: R816322242