

MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account with:

Name: Richard Charlton

Address: Gov, Alberta

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

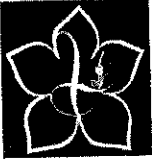
Date	Committee	Days	Mileage
Nov. 14/18	Fall 911 mtg. Wainwright	3 1/2 hrs.	126 Km
Nov. 13/18	Regular FCSS mtg. Provost	3 1/2 hrs.	104 Km
Forward to summary sheet - Total			

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

Signature: Richard Charlton

Payment authorized by Council:

Date: _____ 20__.



CHATEAU
LACOMBE
HOTEL

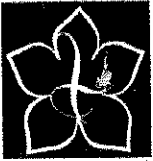
11-22-18

Richard Charlton
Canada

Folio No. :
A/R Number :
Group Code : 20181119MU
Company : Municipal District of Provost
Membership No. :

Room No. : 1207
Arrival : 11-19-18
Departure : 11-22-18
Conf. No. : 392418311
Rate Code :
Page No. : 1 of 2

Date	Description	Charges	Credits
11-19-18	*Accommodation	159.00	
11-19-18	ERDMF-3%	4.77	
11-19-18	Tourism Levy	6.55	
11-19-18	Room GST	8.19	
11-19-18	Parking	20.00	
11-19-18	Parking GST	1.00	
11-20-18	*Accommodation	159.00	
11-20-18	ERDMF-3%	4.77	
11-20-18	Tourism Levy	6.55	
11-20-18	Room GST	8.19	
11-20-18	Parking	20.00	
11-20-18	Parking GST	1.00	
11-21-18	*Accommodation	159.00	
11-21-18	ERDMF-3%	4.77	
11-21-18	Tourism Levy	6.55	
11-21-18	Room GST	8.19	
11-21-18	Parking	20.00	
11-21-18	Parking GST	1.00	
11-22-18	Visa		598.53



**CHATEAU
LACOMBE**
HOTEL

11-22-18

Richard Charlton Canada	Folio No. :		Room No. :	1207
	A/R Number :		Arrival :	11-19-18
	Group Code :	20181119MU	Departure :	11-22-18
	Company :	Municipal District of Provost	Conf. No. :	392418311
	Membership No. :		Rate Code :	
			Page No. :	2 of 2

Date	Description	Charges	Credits
		Total	598.53
		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.	3.00

G.S.T. Registration Number: R816322242

REMUNERATION FOR CONFERENCES ATTENDED

I, Richard Charlton do declare that

I attended Fall R M A Conference

on November 19-22

at Edmonton and travelled 506 Kms.

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

Richard W. Charlton

(Signature)

(Please attach hotel receipts)

MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account with:

Name: Richard Charlton

Address: Gyor, Alberta

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

Date	Committee	Days	Mileage
Nov. 6 / 18	Shoncliffe meeting in Gyor	3 hrs.	32 Km.
Nov 15 / 18	Seniors meeting at Hillcrest Lodge	3 hrs.	104 Km.
Forward to summary sheet - Total			

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

Signature: Richard H. Charlton

Payment authorized by Council:

Date: _____ 20__.

Municipal District of Provost No. 52

Supervision or Other Activity (Not Conference/Committee Related)

Name: Richard Charlton

Signature: Richard H. Charlton

Occurrence Number	Date	Time	Mileage	Activity (in Brief)	Authorized or Requested By
1	Oct. 18	1 hr.	29	Yield Sale Road.	
2					
3					
4					
5					

Detailed Explanations:

Occurrence 1: *Check on road re: ratepayer concern*

Occurrence 2:

Occurrence 3:

Occurrence 4:

Occurrence 5:

REMUNERATION FOR CONFERENCES ATTENDED

I, Richard Charlton do declare that

I attended Regional A.S.B. Conference

on November 2, 2018

at Kinsella and travelled 75 Kms.

I, request to be paid for _____ Days and _____ Nights.

9 hrs 15 minutes

Richard N. Charlton

(Signature)

(Please attach hotel receipts)