

MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account with:

Name: Darryl Carson

Address: _____

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

Date	Committee	Days	Mileage
Sept. 28	Zone 5 meeting @ Innisfree	8hr.	0
Oct 15	Cheques	2hr	125
Nov 2	NE Regional ASB Meeting	8hr	0
6	Shorncliffe Meeting	2hr	38
15	West Fire Council	2hr	38
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: Darryl Carson

Payment authorized by Council:

Date: _____ 20__

REMUNERATION FOR CONFERENCES ATTENDED

I, Darryl Carson do declare that

I attended RMA Fall Conference

on Nov 19-22 / 2018

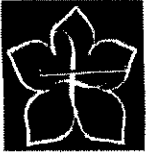
at Edmonton and travelled 462 Kms.

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

Darryl Carson

(Signature)

(Please attach hotel receipts)



CHATEAU
LACOMBE
HOTEL

11-22-18

Darryl Carson Canada	Folio No. :	Room No. :	1217
	A/R Number :	Arrival :	11-19-18
	Group Code :	Departure :	11-22-18
	Company :	Conf. No. :	392418318
	Membership No. :	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 - Valet	30.00	
11-19-18	Parking GST	1.50	
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 - Valet	30.00	
11-20-18	Parking GST	1.50	
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 - Valet	30.00	
11-21-18	Parking GST	1.50	
11-22-18	MasterCard		630.03



11-22-18

Jarryl Carson Canada	Folio No. :		Room No. :	1217
	A/R Number :		Arrival :	11-19-18
	Group Code :	20181119MU	Departure :	11-22-18
	Company :	Municipal District of Provost	Conf. No. :	392418318
	Membership No. :		Rate Code :	
			Page No. :	2 of 2

Date	Description	Charges	Credits
		Total	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