

REMUNERATION FOR CONFERENCES ATTENDED

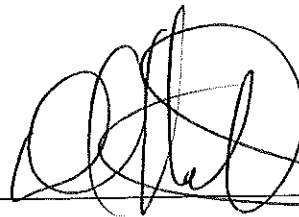
I, DARRYL Motley do declare that

I attended ASB Conference

on Jan 21-24

at Calgary and travelled 822 Kms.

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



(Signature)

(Please attach hotel receipts)



133 9th Avenue SW,
 Calgary, AB, Canada T2P 2M3
 T (403) 262-1234 F (403) 260-1260
 G.S.T. Registration # 846543619

Room : 1053
 Folio # :
 Cashier # : 226426
 Page # : 1 of 2
 Group Name : AAAF 2019 Provincial Agricultural Serv

Association of Alberta Agricultural Fiel

Mr Darryl Motley
 Rr 1
 Czar AB
 T0B 0Z0 Canada

Arrival : 01-21-19
 Departure : 01-24-19

Date	Description	Additional Information	Charges	Credits
01-21-19	Room Charge		199.00	
01-21-19	Calgary Destination Marketing F		5.97	
01-21-19	Alberta Tourism Levy (4%)		8.20	
01-21-19	Room GST		10.25	
01-21-19	Parking - Valet	088872	45.00	
01-22-19	Room Charge		199.00	
01-22-19	Calgary Destination Marketing F		5.97	
01-22-19	Alberta Tourism Levy (4%)		8.20	
01-22-19	Room GST		10.25	
01-22-19	Parking - Valet	088872	45.00	
01-23-19	Room Charge		199.00	
01-23-19	Calgary Destination Marketing F		5.97	
01-23-19	Alberta Tourism Levy (4%)		8.20	
01-23-19	Room GST		10.25	
01-23-19	Parking - Valet	088872	45.00	
01-23-19	MasterCard			805.26

For information or reservations, visit us at
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 États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
 I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année)
 J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1,00\$ par jour (du Lundi au Vendredi) et de 2,00\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
Merci d'avoir choisi les Hôtels Fairmont



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Date	Description	Additional Information	Charges	Credits
		Total	805.26	805.26
		Balance Due	0.00	

GST Summary

Room	30.75
F&B	0.00
Other	6.43
Total	37.18

Thank you for choosing Fairmont Hotels & Resorts.
 To provide feedback about your stay, please contact Sunny Joseph, General Manager, at Sunny.Joseph@fairmont.com.
 We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

Merci d'avoir choisi Hôtels Fairmont.
 Vous pouvez nous faire part de vos commentaires au sujet de votre séjour en écrivant au Directeur général, Sunny Joseph à Sunny.Joseph@fairmont.com.
 Nous vous invitons également à partager vos observations ou photos sur notre forum communautaire www.everyonesanoriginal.com (anglais seulement).

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The Rimrock Restaurant
GST # 846543619

261 Sarah

25/1 CHK 1743 GST 1
 MOTLEY
 JAN22'19 8:10PM

Don't PAY

1 SOP BOWL	12.00
1 BEEF BURGER	20.00
<u>1 COORS LIGHT</u>	<u>7.00</u>
Food	32.00
Beer	7.00
39.00 GST	1.95
Total due ..	\$ 40.95

FAIRMONT PALLISER
GST #846543619

Gratuity _____
TOTAL _____
ROOM # _____
PRINT NAME _____
SIGNATURE _____

Gratuity not included

MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account with:

Name: DARRYI Motley

Address: _____

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

Date	Committee	Days	Mileage
Dec 12	Westend Rec	1 1/2 hr.	23
Jan 14	Hillcrest lodge	2 hrs	102
Jan 25	Village meeting	2 1/2	23
Jan 26	Hillcrest lodge	2	102
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: 

Payment authorized by Council:

Date: _____ 20__