MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account			
Name:	LONNIE KOZLINSKI		
Address:	LONNE KOLINSKI BOX 1317		
This form i mileage.	s only to be used by Municipal Officials in making o		
Date	Committee	Days	Mileage
FEB 20	LIBRAG	2/4 hrs	TOKn.
MAR 5	FAST FIRE	11/4 hrs	6019n.
MAY 2	MED. CENTRE	134 hrs	Golson
JUNE 4	MED CENTER	1 hr. 40mm	V GOKm
JUNE 11	FCSS	16 r 45 mm	60 Km.
JUNE 12	LIBRARY	2 hrs	63 Kz
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	Forward to summary sheet - Total		
I hereby certify that	t the whole of this expenditure was incurred on Mur	icipal business, an	d that each item is
correctly given.	Signature: Divid	hoflenik	2:
Payment authorize	d by Council:	/	
Date: JUNE 1 7 2019			