Name: Allan Murray

Address:

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

Date	Committee	Days	Mileage
June 21	Health Foundation	2 hrs	48 km
13	Med Centre	1 hr.	48 km
4	Med Centre	1 hr	48 km
	Forward to summary sheet - Total	4 hrs -	144

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

Signature: Allan Murray

Payment authorized by Council:

Date: _____ 20___.