MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account	with:		
Name:	LONNIE KOZLINSKI		
Address:	LONNIE KOZLINSKI BOX 1317 PROVOS	37.	_
This form i mileage.	s only to be used by Municipal Officials in making ou		
Date	Committee	Days	Mileage
JUNE	SMASH & DASIL SUPPER	2 hrs	GOFTER
July 9	ROAD TOUR	9 hrs	GOKM
JULY 23	HUGHENNEN IND ICE METATING	3 hrs	168Kn.
SEPT 6	MED CENTRE	2hrs	60/m.
SPT 10	FCSS	Zhrs	60 Km.
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I haraby agrify the	Forward to summary sheet - Total	cinal husiness ar	nd that each item is
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: SFAT	20_19		