

MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account with:

Name: Ronald Rustad

Address: _____

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

Date	Committee	Hours	Mileage
Sept. 30	Wast Management	1 3/4	45
Oct 21	Wast Management Safety Meeting	2	40
Nov 12	Joint Meeting w/ Town	1 3/4	45
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: Dec 10 2020

REMUNERATION FOR CONFERENCES ATTENDED

I, Ronald Rustad do declare that

I attended RMA Conference

on 304 Nov.

at Provost M.D. Office and travelled 90 Kms.

I, request to be paid for 1 1/2 Days and _____ Nights.

Ronald Rustad

(Signature)

(Please attach hotel receipts)

Municipal District of Provost No. 52

Supervision or Other Activity (Not Conference/Committee Related)

Name: Ronald Rustad

Signature: _____

Occurrence Number	Date	Time	Mileage	Activity (in Brief)	Authorized or Requested By
1	Oct 21	2 1/2	82 KM	Meeting Fire	
2					
3					
4					
5					

Detailed Explanations:

Occurrence 1:
went to meeting at Czar Firehall for the election
of a new west Fire Coordinator ~~XXXX~~

Occurrence 2:

Occurrence 3:

Occurrence 4:

Occurrence 5: