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MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account with:

Name: BARRIE TRIPP

Address:

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

Date	Committee	Hours	Mileage
APRIL			
22	ASB	1½ hr	Ø
27	EAST REC	1½ hr	50 Km
20	sign cheques	1¾ hr	57 Km
MAY 4	HEALTH SERVICES	1½ hr	50 Km
10	sign cheques	1½	50 Km
	Forward to summary sheet - Total	7¾ hr.	200 Km

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: 25 MAY 20 21.