

MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account with:

Name: BARRIE TRIPP

1/2

Address: \_\_\_\_\_

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

Date	Committee	Hours	Mileage
<u>SEPT 30</u>	<u>E. Rec</u>	<u>2 hr</u>	<u>50 km</u>
<u>Oct 20</u>	<u>M. O. charges</u>	<u>2 hr</u>	<u>50 km</u>
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: 26 Oct. 2021.

Municipal District of Provost No. 52 *2/2*

**Supervision or Other Activity (Not Conference/Committee Related)**

Name: BARRIE TRIPP

Signature: \_\_\_\_\_

Occurrence Number	Date	Time	Mileage	Activity (in Brief)	Authorized or Requested By
1	<i>Oct 7</i>	<i>5 hr</i>	<i>16 km</i>		<i>Jim Kraft</i>
2					
3					
4					
5					

**Detailed Explanations:**

Occurrence 1: *RR 31 - TSR 410 - 412 Hammer Rd.*

Occurrence 2:

Occurrence 3:

Occurrence 4:

Occurrence 5: