

MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account with:

Name:

Alan Murray

Address:

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

Date	Committee	Days	Mileage
July 27	Health Foundation	2 1/2 hr	48km.
Aug 3	Seed Plant	1hr	48km
8	Dr. Betentoni	1 1/2 hr	48km
Sept 14	Rec Bd	2 hrs	48
Forward to summary sheet - Total		7hr.	192km
		5hr	144km

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

Signature: Alan Murray

Payment authorized by Council:

Date: _____ 20__.