

**Municipal District of Provost No. 52**  
**Councillor Committee Expense Sheet**

In Account with: Lyanne Almberg  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

<u>Date</u>	<u>Committee</u>	<u>Hours @ \$40.00/hr</u>	<u>Mileage @ \$0.59/km</u>
Sept 11, 2023	DR. Meet	2.5	0
Sept 13, 2023	Helath care worker dinner	3	94
<b>Total</b>			

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

Digital Signature: *Lyanne Almberg*

Payment Authorized by Council: \_\_\_\_\_  
 Date: \_\_\_\_\_