

REMUNERATION FOR CONFERENCES ATTENDED

I, Lyanne Alberg _____ do declare that

I attended 2024 RMA Confrence _____ Conference

on November 4-7 _____

at Edmonton _____ and travelled 0 _____ Kms.

I, request to be paid for 3 _____ Days and 3 _____ Nights.

(Signature)

The Westin Collection
 675 St. Paul St.
 Charleston, SC 29403
 Phone
 Fax

CHARLES A. JONES
 201.588.1000

WESTIN HOTELS & RESORTS

Page Number
 Date Printed
 Table ID
 Approx. Date
 Current Date
 No. of Lines
 Approx. Number
 Starting/Ending Number

1	12/08/24	12/08/24	12/08/24
2	12/08/24	12/08/24	12/08/24
3	12/08/24	12/08/24	12/08/24
4	12/08/24	12/08/24	12/08/24

The Invoice

Invoiced: 277887320710001
 The Westin Edin Hotel NOV-01-2024 10:28 CST/ADT

04-NOV-24	RT1008	Room Chg - Gtg - Association	248.50	
04-NOV-24	RT1008	GST	12.77	
04-NOV-24	RT1008	Tax	7.44	
04-NOV-24	RT1008	Tour Levy	10.22	
05-NOV-24	RT1008	Room Chg - Gtg - Association	248.50	
05-NOV-24	RT1008	GST	12.77	
05-NOV-24	RT1008	Tax	7.44	
05-NOV-24	RT1008	Tour Levy	10.22	
06-NOV-24	RT1008	Room Chg - Gtg - Association	248.50	
06-NOV-24	RT1008	GST	12.77	
06-NOV-24	RT1008	Tax	7.44	
06-NOV-24	RT1008	Tour Levy	10.22	
07-NOV-24	MC	Mastercard 9532		635.24

Approve EMV Receipt for MC - 9032, POA verified
 TC:06EABW-AC3706009
 [AID:14198070037200023A6200000000000000 Y-1YU000048000
 AID:AC000000041010 - Application Label Mastercard]

** Total	635.24	635.24
** Balance	0.00	

Continued on the next page

Municipal District of Provost No. 52
Councillor Committee Expense Sheet

In Account with:

Name: Lyanne Almberg _____

Address: _____

<u>Date</u>	<u>Committee</u>	<u>Hours @ \$40.00/hr</u>	<u>Mileage @ \$0.59/km</u>
Sept 20 2024	Health Care Appreciation BBQ	4	94
Oct 28-Nov 1	Eastervale Hearing	16	NA
Nov 12, 2024	Shorncliffe Lake Association Meeting	2	30
Nov 21, 2024	West Fire	2	30
Dec 12, 2024	West rec	2	30
Total			

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

Digital Signature: _____

Payment Authorized by Council:

Date: _____

REMUNERATION FOR CONFERENCES ATTENDED

I, Lyanne Almberg _____ do declare that

I attended 2025 ASB Confrence _____ Conference

on Jan 20-22 2025 _____

at Edmonton _____ and travelled 0 _____ Kms.

I, request to be paid for 3 _____ Days and 2 _____ Nights.

(Signature)

REMUNERATION FOR CONFERENCES ATTENDED

I, Lyanne Almberg _____ do declare that

I attended 2024 NE Regional ASB _____ Conference

on October 25, 2024 _____

at Czar Rec Centre _____ and travelled 30 _____ Kms.

I, request to be paid for 1 _____ Days and 0 _____ Nights.

(Signature)