

MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account with:

Name:

Allen Murray

Address:

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

Date	Committee	Hours	Mileage
<i>Dec 5</i>	<i>Seed Plant</i>	<i>1 hr</i>	<i>48k</i>
<i>9</i>	<i>Med Clinic</i>	<i>1 hr</i>	<i>48k</i>
<i>19</i>	<i>ADM health - Car.</i>	<i>3 hr.</i>	<i>145k</i>
Forward to summary sheet - Total		<i>5 hr.</i>	<i>241km</i>

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

Signature: *Allen Murray*

Payment authorized by Council:

Date: _____ 20__.