

MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account with:

Name: _____

Jack Rowatt

Address: _____

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

| Date | Committee | Days | Mileage |
|----------------------------------|---------------------------|------|---------|
| Mar 10 | Village Meeting - Hugh. | 1/4 | 45 |
| 14 | Hillcrest | 1/2 | 90 |
| 24 | Provost Health Foundation | 1/2 | 90 |
| 30 | Capt Aye Lake - Provost | 1/2 | 90 |
| Apr 11 | Road Tour | 3/4 | 174 |
| 11 | Hillcrest | 1/2 | 90 |
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| 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: _____
Jack Rowatt

Payment authorized by Council:

Date: _____ 20__.