

MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account with:

Name:

Address:

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

Date	Committee	Hours	Mileage
Mar 25	Mtg with EMS-Czar.	2 hrs	70 km
Apr 2	East Central Commitee Hanna.	6 1/2 hrs	435 km
3	Seed Plant	1 hr	48 km
3	Health Foundation	2 hr.	—
4	Health Refocus.	2 hr.	48 km
14	Jt. Town	2 hr.	48 km.
17	Dr Recruit	1 hr	48 km.
	Forward to summary sheet - Total	16.5 hr.	697 km

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

Signature:

Payment authorized by Council:

Date: _____ 20__.