

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
Aug 7	Seed Plant	1/2 hr	48k.
12	Health zone - Castor	5 hrs	300 k.
Forward to summary sheet - Total		5 1/2	348k

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__.