

Name: Allan Murray
Address: _____

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

Date	Committee	Days	Mileage
Aug 29	Med Centre	1 1/2 hr	48 km
Sept 6	Med Centre	1 hr	48 km
Forward to summary sheet - Total		2 1/2 hr	96 km

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

Signature: Allan Murray

Payment authorized by Council:

Date: _____ 20__