MUNICIPAL DISTRICT OF PROVOST NO. 52

In Account with:

Name: LONNIE KOZLINSKI

Address: BOX 1317 Tim Buck Two.

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

Date	Committee	Hours	Mileage
JUNE 9	FCSS	2hr 40min	60Km
JUNE 17	LIBRARY	1hr 40m	60Km
JULY 8	MD TOWN	2hr 45MIN	60Km
	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: Lonnie Kozlinski

Payment authorized by Council:

Date: _____ 20___.