STATEMENT OF INDEMNITY AND SUPERVISION

RURAL MUNICIPALITY OF		No.
	PROVINCE OF SASKATCHEWAN	

EXPENSE VOUCHER

То	days council meeting	@	\$_	per day	\$
То	kms council meeting	@	\$_	per km	\$
То	days reeve's supervision of office	@	\$_	per day	\$
То	kms reeve's supervision of office	@	\$_	per km	\$
То	days supervision or inspection of public works	@	\$_	per day	\$
То	kms supervision or inspection of public works	@	\$_	per km	\$
То	days committee meeting	@	\$_	per day	\$
То	kms committee meeting	@	\$_	per km	\$
То	days	@	\$_	per day	\$
То	kms	@	\$_	per km	\$
To delegate's expe	nses re:				\$
					\$
					\$
					\$
					\$
				CERTIFIED COR	RECT
Division No					
Cheque No				DEE//E OD COUNC	UL OD

DETAILS OF SUPERVISION OR EXPENSE

DAY OF	DAY OF WHERE WORK INSPECTED			ISPECTED		
MONTH	1/4	Sec.	Twp.	Rge	Mer.	NATURE OF WORK OR EXPENSE
	1					