

TOWN OF FORT FRANCES - SCHEDULE "C"
TRAVEL ADVANCE REQUEST

Name	Purpose of Travel
Location of Event	Dates
Signature of Division Manager	
Amount of Travel Advance	
Treasurer Signature	G.L. Code

Agenda Must be Attached to Process Payment of Advance
Please include completed Travel expense statement (schedule B) so as to properly account for the HST

TOWN OF FORT FRANCES - SCHEDULE "D"
ENTERTAINMENT EXPENSE REIMBURSEMENT FORM

Name <i>Mark McCaig</i>	Date <i>November 6, 2015</i>
Names, Position, and Organization of Individuals Being Entertained	
1. <i>MARK MCCAIG</i> <i>CAO</i>	
2. <i>LISA SKOMKE</i> <i>CLERK</i>	
3. <i>TRAVIS ROB</i> <i>BUILDING OFFICIAL</i>	
4.	
Purpose of Entertainment <i>Meeting with Law Association</i> <i>Re: Planning Matters</i>	
Amount Claimed <i>\$53.09</i>	<i>Mark McCaig</i>
Treasurer Signature	Date <i>Nov. 6, 2015</i>

An itemized receipt must be attached to process payment

La Place Rendez-

GST: R104472667
1201 Idylwild Drive
TEL: 274-9811

161 Jess W

Tbl 7/1 Chk 8045 Gst 3
Nov06'15 11:58AM

1 Cup Wild Rice Sp	\$5.50
1 Reg Caesar	\$8.15
1 Clubhouse	\$12.25
RYE	
1 Clubhouse	\$12.25
RYE	
WILD RICE	\$1.00

Subtotal	\$39.15
HST	\$5.09
Amount Due	\$44.24

Please Pay Server at Table
TIP: _____

TOTAL: _____

ROOM # _____

SIGNATURE : _____

PRINT NAME: _____

LA PLACE RENDEZ-VOUS
1201 IDYLVILD DRIVE
FORT FRANCES ON

CARD *****6269
CARD TYPE VISA
DATE 2015/11/06
TIME 0907 13:03:27
RECEIPT NUMBER
C82034954-001-111-003-0

PURCHASE
AMOUNT \$44.24
TIP \$8.85
TOTAL

\$53.09

VISA CREDIT
A0000000031010
9F7EC52506C458DF
0080008000-E800
1942F4769EA74FB9
0080008000-F800

APPROVED

AUTH# 098415 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS