



**TOWN OF FORT FRANCES
ADMINISTRATION & FINANCE DIVISION
TREASURY REPORT 2013/79**

TO: Mayor Avis & Members of Council
FROM: Laurie Witherspoon, Treasurer
DATE: August 6, 2013
SUBJECT: Mayor Roy Avis – Ministry of Finance Meeting in Espanola Travel & Per Diem Claims

BACKGROUND

Attached is a copy of Schedule "B" Travel Expense Statement claim in the amount of \$643.96 and Travel Statement – Mayor /Council Honorarium claim in the total amount of \$450.00 in regard to meeting with the Ministry of Finance and members of the Reassessment Working Group in Espanola on July 29, 2013 and travel on July 28 & July 30, 2013 as submitted by Mayor Roy Avis.

Travel Expenses

1.	Meals	\$197.00
2.	Accommodations	324.80
3.	Ground Transportation (including personal vehicle fuel)	102.16
4.	Airport Parking	20.00
5.	Per Diem (3 days)	<u>450.00</u>

Total Per Diem & Travel Claims	<u>\$1,093.96</u>
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The per diem claim is in compliance with the Town of Fort Frances Travel Policy No. 3.11 s. 1.a), 2. a), 2. b), Schedule 'A' 2. and By-Law No. 02/10 4.4.

RECOMMENDATION

The Administration & Finance Executive Committee recommends approval of the Travel and Per Diem claims in the total amount of \$1,093.96 for attendance at the meeting in Espanola with the Ministry of Finance and members of the Reassessment Working Group on July 29, 2013 and travel on July 28 & 30, 2013 as submitted by Mayor Roy Avis.

Council Approval of this Report Will Agree to the Administration & Finance Executive Committee recommendation to approve the per diem and travel claim for Mayor Roy Avis, in the amount of \$1,093.96, to attend the meeting in Espanola with the Ministry of Finance and members of the Reassessment Working Group on July 29, 2013 and travel on July 28 & 30, 2013.

**TOWN OF FORT FRANCES - SCHEDULE "B"
TRAVEL EXPENSE STATEMENT**

1.	Attendee	<i>Roy Aulis</i>							
2.	Conference/Seminar Attended	<i>MINISTRY OF FINANCE MEETING</i>							
	Location (Facility and City)	<i>ESPAÑOLA</i>							
	Dates	<i>JULY 28 29 30</i>							
3.		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
	Accommodation	<i>162.40</i>	<i>162.40</i>						<i>324.80</i>
	Transportation <i>FUEL</i>			<i>102.16</i>					<i>102.16</i>
	Breakfast	<i>—</i>	<i>15.00</i>	<i>15.00</i>					<i>30.00</i>
	Lunch	<i>16.00</i>	<i>16.00</i>	<i>20.00</i>					<i>52.00</i>
	Dinner	<i>40.00</i>	<i>40.00</i>	<i>35.00</i>					<i>115.00</i>
	Per Diem								
	Other <i>PARKING</i>			<i>20.00</i>					<i>20.00</i>
4.	Prepaid Expenses	Registration		Air Travel		Other		Total	
5.	Town Used Vehicle	Yes	No	Reason					Total
	Mileage Claimed	KM x \$0.47 =							
6.	Approved					Total Expenses			
						Advance Received			
						Balance Claimed			
						Balance Refunded			

The agenda must be attached to process payment

In claiming the above amounts, I certify that the expenses have been incurred on behalf of the Town, that the means of transportation were the most economical, with due regard to convenience, and that the expenditures were made in the exercise of my duties. NB – a valid and detailed receipt must accompany hotel Visa slips.

AUGUST 1 2013
Date

[Signature]
Employee Signature

Date

Supervisor Signature

Date

Division Manager Signature

<i>Aug. 6/13</i>		<i>G-110-1500-1530</i>	
Date	Treasurer	A/P	Cashier



TORONTO

33 Gerrard Street West, Toronto, Ontario, M5G 1Z4

Tel: 416-595-1975 Fax: 416-581-8934

GOVT ON
Mr Roy Avis
320 Porthge Ave
Fort Frances ON P9A 3P9
Canada

Room: 2248
Folio:
Cashier: 245
Arrival: 07/28/13
Departure: 07/30/13
Reference:
Booking Ref. #:

Date	Description	Additional Information	Charges	Credits
07/28/13	Room Charge		140.00	
07/28/13	Room - HST 13%		18.20	
07/28/13	DMP - Destination Marketing Program		3.72	
07/28/13	DMP HST		0.48	
07/29/13	Room Charge		140.00	
07/29/13	Room - HST 13%		18.20	
07/29/13	DMP - Destination Marketing Program		3.72	
07/29/13	DMP HST		0.48	
07/30/13	American Express	XXXXXXXXXXXX4007	XX/XX	324.80

HST Summary

Registration No: 887925881

Room 37.36

F&B 0.00

Other 0.00

Total 37.36

Total	324.80	324.80
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Balance Due	0.00 CDN
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Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



STORE MGR 807-274-4521
GST/HST #119347672

PR GAS REGULAR UNLEAD 102.16
GAS REGULAR UNLEAD 73.023L@\$.399 P8
**** TAX .00 BAL 102.16
VF Visa 102.16
ACCOUNT NUMBER *****6746
AUTHOR #: 087278
CHANGE .00

TOTAL NUMBER OF ITEMS SOLD = 1
GAS REGULAR UNLEAD
INCLUDES 13.0% GST/HST 11.75
8/01/13 07:29 0674 46 0009 101

YOUR CASHIER TODAY WAS NICK

BARBARA AVIS 2335

Safeway Club Card Elite Customer
You have the Managers direct line:
807-276-6633

Visit us online for Weekly
flyer specials at safeway.ca

Like us on Facebook for
exclusive coupons, recipes & more
Facebook.com/SafewayCanada

LET US HEAR FROM YOU!
1-800-723-3929 OR VISIT SAFEWAY.CA

AEROPORT INTERNATIONAL
THUNDER BAY
INTERNATIONAL AIRPORT
www.tbairport.on.ca

**** TICKET ****
LANE/VOIE: West 2 Pay Station
Entered/Arrivee:
2818/87/28 15:89

Ticket/Billet#: 85184659
Dur/Duree: 46:88:42
Paid On/Paye Le:
2818/87/28 18:18

Paid/Paye: \$ 28.88
Original Fee: \$ 28.88
HST: \$ 2.88

Change: \$ 8.88
VISA
SC: \$ 8.88


Merchant ID: 88851895
*****6746 Swiped
VISA
Purchase 18/87/28 18:18:02
Seq# 888888 882
Auth# 891484

TOWN OF FORT FRANCES - SCHEDULE "E"
TRAVEL WAIVER OF LIABILITY FORM

The Town of Fort Frances carries "Non-Owned Automobile" coverage for liability only. This coverage is for the situation where a liability claim exceeds the vehicle owner's liability insurance and does not include coverage for damages to the individual's vehicle.

Therefore, the undersigned acknowledges that:

- They have read and understood the above particularly with regards to insurance.
- The Town and its insurers will not be responsible for any damages, claims, deductibles or expenses (other than mileage or fuel costs as provided for in the Travel Policy) resulting from the use of one's own vehicle other than that provided for by the Non-Owned Automobile coverage.
- The Town will not be responsible for any additional insurance cost resulting from any claim(s) submitted to an individual's insurers.

Name (Please Print) <i>Roy Ann</i>	Signature 
Approved	Date <i>AUGUST 1 2013</i>

TOWN OF FORT FRANCES - SCHEDULE "F"
TRAVEL STATEMENT – MAYOR / COUNCIL HONORARIUM

Attendee <i>Roy Avis</i>	<i>Roy Avis</i>
Conference / Seminar Attended	<i>MEETING MINISTER FINANCE</i>
Location	<i>ESPAÑOLA</i>
Dates	<i>July 28 29 30</i>

Details of Per Diem

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date	<i>July 29</i>	<i>July 30</i>					<i>July 28</i>	
Amount	<i>150-</i>	<i>150</i>					<i>150-</i>	<i>\$450.00</i>

Name (Please Print) <i>Roy Avis</i>	Signature <i>[Signature]</i>
Approved	Date <i>August 1 2013</i>

To be submitted to Payroll for processing when approved by Council