

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

1.	Attendee	<i>Wendy Brunetta</i>							
2.	Conference/Seminar Attended	<i>NOMA Conference</i>							
	Location (Facility and City)	<i>Kenora</i>							
	Dates	<i>May 1-4, 2018</i>							
3.		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
	Accommodation								
	Transportation								
	Breakfast								
	Lunch						<i>17.00</i>		
	Dinner						<i>14.29</i>		
	Per Diem								
	Other								
4.	Prepaid Expenses	Registration		Air Travel		Other		Total	
		<input checked="" type="checkbox"/>							
5.	Town Used Vehicle	Yes	No	Reason	Total				
	Mileage Claimed	KM x CRA rate =							
6.	Approved				Total Expenses	<i>17.00</i>	<i>14.29</i>	<i>31.29</i>	
					Advance Received				
					Balance Claimed	<i>17.00</i>	<i>14.29</i>	<i>31.29</i>	
					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.

May 8, 2018
Date

Wendy Brunetta
Employee Signature

Date

Supervisor Signature

Date

Division Manager Signature

Date	Treasurer	A / P	Cashier

KENORA TRAVELODGE
800 HIGHWAY 17 E
KENORA ON

CARD *****2474
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2018/05/04
TIME 7771 12:26:35
INVOICE # 3
RECEIPT NUMBER
C82038570-001-039-022-0

PURCHASE
AMOUNT \$12.43
TIP \$1.86
TOTAL

\$14.29

Interac
A0000002771010
D9AB321751F06DD3
0280008000-E800
CE35E7B3898D4EB9
0280008000-F800

APPROVED

AUTH# 135499 00-001
THANK YOU

CARDHOLDER COPY

W Restaurant Service w/RPE
www.PCA.com
1-800-722-6374

TABLE # 18
SPLIT 2
CHECK# 125940

DATE/TIME: 5/4/2018 11:58:27 AM
SERVER: Diane
STATION: 01
PARTY SIZE: 1

Item Count: 3

=====

1.000 HOMEMADE SOUP*	\$4.25
1.000 CHICKEN SALAD SANDWIC*	\$6.75
Brown Bread	

=====

Subtotal \$11.00
HST \$1.43
GRAND TOTAL \$12.43

Opened: 5/4/2018 11:58:27 AM
x
w
P



**Clarion Lakeside Inn and
Conference Centre (CNA65)**

470 First Avenue South
Kenora, ON P9N 1W5
(807) 468-5521
GM.CNA65@choicehotels.com

Account: 565327446

Date: 5/4/18

Room: 504 GROUP~

Arrival Date: 5/2/18

Departure Date: 5/4/18

Check In Time: 5/2/18 9:57 AM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: shew

Total Balance Due: 0.00

Brunetta, Wendy

NOMA

*

Fort Frances, ON P9A3P9

Post Date	Description	Comment	Amount
5/2/18	HARMONIZED SALES TAX		15.15
5/2/18	Room Charge	#504 Brunetta, Wendy	115.00
5/2/18	Destination Marketing Fee		1.50
5/3/18	HARMONIZED SALES TAX		15.15
5/3/18	Room Charge	#504 Brunetta, Wendy	115.00
5/3/18	Destination Marketing Fee		1.50
5/4/18	Visa Payment		(263.30)
		XXXXXXXXXXXX1403	

Folio Summary 5/2/18 - 5/4/18

	230.00
Room Charge	3.00
Destination Marketing Fee	30.30
HARMONIZED SALES TAX	(263.30)
Visa Payment	
Balance Due:	0.00

This rate is not eligible for partner rewards.

GST824199590



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

Attendee	Wendy Brunetta
Conference / Seminar Attended	NOMA Conference
Location	Kinora
Dates	May 1- 4 , 2018

Details of Per Diem

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date		May 1	May 2	May 3	May 4			
Amount		80.00	160.00	160.00	160.00			560.00

Name (Please Print) Wendy Brunetta	Signature <i>Wendy Brunetta</i>
Approved	Date May 8, 2018

To be submitted to Payroll for processing when approved by Council