


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

1. Attendee	ROY ARIS							
2. Conference/Seminar Attended	NOMA							
Location (Facility and City)	THUNDER BAY							
Dates	SEPT 20 21 22							
3.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
Accommodation								
Transportation FUEL								98.80
Breakfast								
Lunch						17.00		17.00
Dinner				35.00	35.00			70.00
Per Diem								
Other								
4. Prepaid Expenses	Registration		Air Travel		Other		Total	
5. Town Used Vehicle	Yes	<input checked="" type="radio"/> No	Reason USED					Total
Mileage Claimed	KM x CRA rate =							
6. Approved								
	Total Expenses							185.80
	Advance Received							
	Balance Claimed							185.80
	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.

SEPT 25 2017
Date


Employee Signature

Date

Supervisor Signature

Date

Division Manager Signature

Date	Treasurer	A / P	Cashier

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

Attendee	<i>Roy Avis</i>
Conference / Seminar Attended	<i>NOMA</i>
Location	<i>THUNDER Bay</i>
Dates	<i>SEPT 20 21 22 2017</i>

Details of Per Diem

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date			<i>SEPT 20</i>	<i>SEPT 21</i>	<i>SEPT 22</i>			
Amount			<i>75.00</i>	<i>150.00</i>	<i>150.00</i>			<i>375.00</i>
			<i>80.00</i>	<i>160.00</i>	<i>160.00</i>			<i>400.00</i>

Name (Please Print) <i>Roy Avis</i>	Signature <i>[Signature]</i>
Approved	Date <i>SEPT 25 2017</i>

To be submitted to Payroll for processing when approved by Council

Safeway
417 Scott Street
Fort Frances, ON
P9A1H3

STORE NO: 4809
GST/HST: 831536503

Inv#: 9037110
Trans: Pre-Auth
Completion

*/**

PROXIMITY

VISA

AID: A0000000031010

Seq#: 767001001003

Terminal ID: S4809C04

Auth No: 014531

ACI/ISO: 001/00

Date: 25/09/2017

Time: 8:40:49 AM

APPROVED

Pump #: 4-Regular

Vol: 96.012 L

Price/L: \$1.029

Total: \$98.80

Fuel Includes:
GST/HST(13%): \$11.37

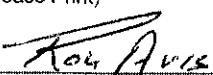

You Saved
7 Cents/L
Total Savings: \$6.72

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) 	Signature 
Approved	Date SEPT 20 / 17