

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>April 27, 2015</i>
Names, Position, and Organization of Individuals Being Entertained			
1.	<i>Mark McCaig CAO - TOFF</i>		
2.	<i>Lisa Slomke Clerk - TOFF</i>		
3.	<i>Kathy Lawson Administrative Assistant - TOFF</i>		
4.			
Purpose of Entertainment <i>Annual Professional Assistants (secretaries) Day</i>			
Amount Claimed <i>\$62.31</i>		<i>Mark McCaig</i>	
Treasurer Signature		Date <i>May 6, 2015</i>	

An itemized receipt must be attached to process payment

Bistro North

700 Stewart St.
Fort Frances, ON P9A 2Y2
807-274-1161

1015 BRITTANY

Tbl T15/1 Chk 5750 Gst 3
Apr27'15 12:06PM

1 POP	2.99
1 TROP CHKN SAL	15.99
1 SWT. FRIES	7.99
1 SOUP OF THE DAY	4.99
1 REUBEN	13.99

Subtotal	45.95
Tax	5.98
Amount Due	51.93

Thanks for Dining With Us!

Tip: _____ Total: _____

Room: _____

Name (Print): _____

Sign: _____

COPPER RIVER INN AND

700 STEWART ST
FORT FRANCES, ON P9A 2Y2

Merchant ID: 000000003652685
Term ID: 05665627

Purchase

VISA

XXXXXXXXXXXX6269

Entry Method: Swiped

Batch#: 000213

04/27/15

13:33:29

Invoice #: 000006

Appr Code: 056830

Apriva Transaction #: 8909

Ref #: 000075376132
Host Response: Success

Amount:	\$	51.93
Tip:	\$	10.38
=====		
Total:	\$	62.31

Customer Copy