

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

Attendee	Doug Kitowski
Conference / Seminar Attended	NORMA - CONFERENCE
Location	VICTORIA INN THUNDER BAY ONT.
Dates	Sept 23-24-25-2015

**Details of Per Diem**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date			Sept 23	Sept 24	Sept 25			
Amount			150.00	150.00	150.00			450.00

Name (Please Print)	Signature
Doug Kitowski	 OCT 7-2015
Approved	Date

To be submitted to Payroll for processing when approved by Council



Fort Frances Husky  
800 Kings Highway  
Fort Frances ON  
(807) 274-7680  
GST# 804707339  
Retailer ID 4976296  
Rct:46840 7220-3  
Batch:1434-36

myHusky Rewards

707610#####3811

Earned: 100

Used today: 0

Balance: 1914

2015/09/25 16:48:10

Unit#: 600

Item	Amount
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Pump# 3

Eth Regular \$119.30

102.932 L x \$1.159/L

AMOUNT \$119.30

HST(Inc Pump) \$13.72

HUSKY PRO

#####406

2015/09/25 16:43:37

R#:685057



PLEASE TELL US  
HOW WE DID!  
[myHusky.ca/feedback](http://myHusky.ca/feedback)

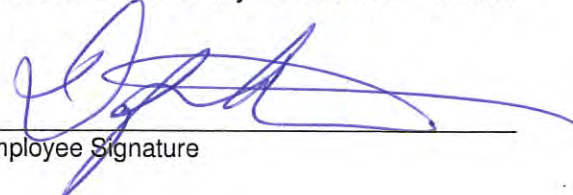
**TOWN OF FORT FRANCES - SCHEDULE "B"  
TRAVEL EXPENSE STATEMENT**

1.	Attendee	Doug K TOWSKI							
2.	Conference/Seminar Attended	NOMA FALL CONFERENCE							
	Location (Facility and City)	THUNDER BAY, ONT.							
	Dates	SEPT. 23-24-25							
3.		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
	Accommodation	PAID BY T.O.P.F.							
	Transportation								
	Breakfast								
	Lunch					15.00			15.00
	Dinner				35.00	35.00			70.00
	Per Diem								
	Other								
4.	Prepaid Expenses	Registration		Air Travel		Other		Total	
								85.00	
5.	Town Used Vehicle	Yes	No	Reason					Total
	Mileage Claimed	KM x \$0.47 =							
		HUSKY FORT FRANCES							119.30
6.	Approved	Total Expenses							204.30
		Advance Received							
		Balance Claimed							
		Balance Refunded							204.30

**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.

Oct 7th 2015  
Date

  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Manager Signature

Date	Treasurer	A / P	Cashier

**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>DOUG KITOWSKI</i>	Signature <i>[Signature]</i>
Approved	Date <i>Oct 7 2015</i>