

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

1.	Attendee	<i>ROY AINS</i>								
2.	Conference/Seminar Attended	<i>FORESTRY MEETING</i>								
	Location (Facility and City)	<i>THUNDER BAY Ont</i>								
	Dates	<i>APRIL 23 2015</i>								
3.		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total	
	Accommodation									
	Transportation					<i>92.22</i>			<i>92.22</i>	
	Breakfast									
	Lunch				<i>16.00</i>				<i>16.00</i>	
	Dinner					<i>35.00</i>			<i>35.00</i>	
	Per Diem									
	Other									
4.	Prepaid Expenses	Registration		Air Travel		Other		Total		
5.	Town Used Vehicle	Yes	No	Reason					Total	
	Mileage Claimed	KM x \$0.45 =								
6.	Approved					Total Expenses				<i>143.22</i>
						Advance Received				
						Balance Claimed				
						Balance Refunded				

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.

April 24 2015
 Date _____ Employee Signature _____
 Date _____ Supervisor Signature _____
 Date _____ Division Manager Signature _____

Date	Treasurer	A / P	Cashier



Fort Frances Husky

500 Kings Highway
Fort Frances ON P9A 3P8
(807) 274-7680

GST# 804707339 Merchant ID:4976296
Receipt 71959656
Type: SALE

Qty Name	Price	Total
1 87 GAS	\$ 1.069	\$ 92.22
Pump:	7	
Litres:	86.268	
Price / Litre:	\$ 1.069	

Subtotal	\$ 92.22
GST / HST Fuel	\$ 10.61

Total	\$ 92.22
Purchase	\$ 92.22
#*****2408	Exp **/** \$
VISA	04/24/2015 13:22:44
722071EK 71	RESP:001 ISO:00
Ref:091001001022	Auth:073647
Approved	

4/24/15 1:22:48 PM

Pos:71 Cashier:31 Store:7220


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

Attendee	ROY AUL
Conference / Seminar Attended	
Location	THUNDER Bay ONT
Dates	APRIL 23 2015

Details of Per Diem

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date				APRIL 23				
Amount				150 -				150.00

Name (Please Print)	Signature
ROY AUL	
Approved	Date
	APRIL 24 2015

To be submitted to Payroll for processing when approved by Council