

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

1.	Attendee	Doug Brown							
2.	Conference/Seminar Attended	Mediation - CUPE							
	Location (Facility and City)	KENORA - CUPE OFFICE							
	Dates	JAN 18/19/2017							
3.		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
	Accommodation				on Aaron's Credit Card				
	Transportation								
	Breakfast					Ø			N.A.
	Lunch					16.00			16.00
	Dinner				35.00	Ø			35.00
	Per Diem				5.00	5.00			10.00
	Other - PARKING - NO RECEIPT - PARKING METER					4.00			4.00
4.	Prepaid Expenses	Registration		Air Travel		Other		Total	
		n.a.		n.a.		n.a.		n.a.	
5.	Town Used Vehicle	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Reason					Total
	Mileage Claimed	KM x \$0.47 =							
6.	Approved								
		Total Expenses							65.00
		Advance Received							Ø
		Balance Claimed							Ø
		Balance Refunded							65.00

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.

Jan 19/17
 Date

Doug Brown
 Employee Signature

Date

Supervisor Signature

Date

Division Manager Signature

Date	Treasurer	A / P	Cashier

50-080-0832-1200-71253

W961-1200-1253