

TO: Mayor Avis & Members of Council
FROM: Laurie Witherspoon, Treasurer
DATE: October 7, 2014
SUBJECT: Councillor John Albanese – Northwestern Ontario Regional Conference
Travel & Per Diem Claims

BACKGROUND

Attached is a copy of the Travel Statement – Mayor/Council Honorarium per diem in the amount of \$375.00 and Schedule “B” Travel Expenses of \$213.62 to attend the Northwestern Ontario Regional Conference held in Thunder Bay, Ontario from September 24 – 26, 2014 as submitted by Councillor John Albanese.

Conference Expenses

1. Meals	\$ 86.00
2. Own Vehicle Gas	127.62
3. Per Diem (2 1/2 days)	<u>375.00</u>
Total Per Diem & Travel Claims	<u>\$588.62</u>

The registration fee of \$200.00 and hotel accommodations of \$268.94 were paid by the Town resulting in the total cost of \$1,057.56 to attend the Northwestern Ontario Regional Conference as authorized by Council.

The travel expenses and per diem claim is in compliance with Town of Fort Frances Travel Policy Number 3.11 and By-Law 02/10-B Schedule ‘A’.

RECOMMENDATION

Administration recommends approval of the Travel Statement – Mayor/Council Honorarium per diem and Travel Expense claim in the total amount of \$588.62 as submitted by Councillor John Albanese for his attendance at the Northwestern Ontario Regional Conference held in Thunder Bay, Ontario.

<p>Council Approval of this Report Will Agree to the Administration’s recommendation to approve the Travel Statement – Mayor/Council Honorarium per diem and Travel Expense claim in the total amount of \$588.62 as submitted by Councillor John Albanese for his attendance at the Northwestern Ontario Regional Conference held in Thunder Bay, Ontario.</p>

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

1. Attendee	<i>JOHN ALBANESE</i>							
2. Conference/Seminar Attended	<i>32ND Annual Northwestern Ont. Regional Conf</i>							
Location (Facility and City)	<i>Thunder Bay, Ontario "VALHALLA INN"</i>							
Dates	<i>Sept. 24-25-26</i>							
3.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
Accommodation								
Transportation								
Breakfast								
Lunch								
Dinner				<i>\$35.00</i>	<i>\$35.00</i>	<i>\$16.00</i>		<i>16.00</i>
Per Diem								<i>70.00</i>
Other								<i>\$86.00</i>
4. Prepaid Expenses	Registration		Air Travel		Other		Total	
5. Town Used Vehicle	Yes	No	Reason	<i>Personal Reason</i>				Total
Mileage Claimed	KM x \$0.45 =							
6. Approved	<i>Gas "Fuel"</i>			<i>With Receipt</i>				<i>\$127.62</i>
				Total Expenses				<i>\$213.62</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.

Oct. 2ND, 2014
Date

John Albanese
Employee Signature

Date

Supervisor Signature

Date

Division Manager Signature

Date

Treasurer

A/P

Cashier

Safeway
115 West Arthur Street
Thunder Bay, ON, P7E5P7
STORE NO: 4811

Printed On : 24-Sep-14 6:53:42 PM

Description	Qty	Unit Price	Total Price
Pump-1/R	50.507 L	\$1.379/L	69.65
Fuel Discount	6 Cents/L		3.03
	SUBTOTAL		66.62
	TOTAL		66.62

Fuel Includes(GST/HST) - 8.01

GST/HST # :831536503
Invoice # :20002387
Trans Date :09/24/2014 06:53:42 PM
Sale Person :SFWY

You saved 6 Cents/L
Total Savings: \$3.03

Safeway
417 Scott Street
Fort Frances, ON, P9A1H3
STORE NO: 4809

Printed On : 28-Sep-14 9:48:25 AM

Description	Qty	Unit Price	Total Price
Pump-5/R	45.559 L	\$1.339/L	61.00
	SUBTOTAL		61.00
	TOTAL		61.00

Fuel Includes(GST/HST) - 7.02

GST/HST # :831536503
Invoice # :20002013
Trans Date :09/28/2014 09:48:25 AM
Sale Person :SFWY

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>JOHN ALBANESE</i>	Signature <i>John Albanese</i>
Approved	Date <i>Sept. 24-25-26</i>



Kathryn Lawson

Canada

Albanese, John

Company Name: Township of Fort Frances

Group Name: NOMA Fall Conf

INFORMATION INVOICE

HST No.: RT 895695716

Room No. 119
Arrival : 09/23/14
Departure : 09/27/14
Invoice No. :
Conf. No. : 98394
Cashier No. : 36
Purchase :
Order :
A/R No. :

Date	Description	Charges	Credits
09/25/14	Room Charge	119.00	
09/25/14	Harmonized Sales Tax	15.47	
09/26/14	Room Charge	119.00	
09/26/14	Harmonized Sales Tax	15.47	
09/27/14	Visa - Front Desk		403.41
09/27/14	Visa - Front Desk		-134.47
	XXXXXXXXXXXX8250		
	XX/XX		
		Total Charges	268.94
		Total Credits	268.94
		Balance	0.00

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Signature: _____

I agree to the charges and understand that any outstanding charges will be charged to my credit card after departure.

Valhalla Inn

1 Valhalla Inn Road, Thunder Bay, P7E 6J1 || Telephone: 807-577-1121 || Fax: 807-475-4723 || www.valhallainn.com

**Town of Fort Frances
Travel Statement - Mayor/Council Honorarium**

Attendee JOHN ALBANESE

Conference/Seminar Attended 32nd Annual Northwestern Ont. Regional Conference

Location T. BAY, ONTARIO "VALHALLA INN"

Dates September 24, 25, 26

Details of Per Diem

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date			24	25	26			
Amount			\$ 75	\$ 150	\$ 150			\$ 375 ⁰⁰

Submitted by: John Albanese

Date: Oct. 1st 2014

Approved by: _____

Date: _____

To be submitted to Payroll for processing when approved by Council

For Payroll

Pay period _____