


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

| | | | | | | | | |
|--------------------------------|--------------------------|------|---------------|------|--------|------|------|--------|
| 1. Attendee | Roy Avis | | | | | | | |
| 2. Conference/Seminar Attended | NOMA CONFERENCE | | | | | | | |
| Location (Facility and City) | THUNDER Bay VICTORIA INN | | | | | | | |
| Dates | APRIL 26, 27, 28 | | | | | | | |
| 3. | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Total |
| Accommodation | | | PAID BY KATHY | | | | | |
| Transportation | | | | | FUEL | | | 114.40 |
| Breakfast | | | | - | - | - | | |
| Lunch | | | | - | - | - | | |
| Dinner | | | | - | - | - | | |
| Per Diem | | | | | | | | |
| Other | | | | | | | | |
| 4. Prepaid Expenses | Registration | | Air Travel | | Other | | | Total |
| | | | | | | | | |
| 5. Town Used Vehicle | Yes | No | Reason | | | | | Total |
| Mileage Claimed | KM x \$0.47 = | | | | | | | |
| 6. Approved | | | | | | | | |
| | Total Expenses | | | | | | | 114.40 |
| | Advance Received | | | | | | | |
| | Balance Claimed | | | | | | | |
| | Balance Refunded | | | | | | | |

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.

Date May 1 2017


Employee Signature

Date _____

Supervisor Signature

Date _____

Division Manager Signature

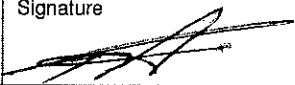
| | | | |
|------|-----------|-------|---------|
| | | | |
| Date | Treasurer | A / P | Cashier |

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>Roy Avis</i> | Signature  |
| Approved | Date <i>APRIL 25 2017</i> |

ESSO EXPRESS PAY

PUMP# 4

TYPE: PURCHASE

ACCOUNT: VISA \$60.00

RUYN: 029061-F INVOICE: PAD78926

CARD NUMBER: C **** * 8498

VERIFIED BY PIN

14-00000 A- VISA CREDIT

0-0000000034010

01 Approved - Thank You 027

LOYALTY: NO

IMPORTANT - retain this copy for your records

Thank You

TRIP TO TIBET

Safeway
417 Scott Street
Fort Frances, ON
P9A1H3

STORE NO: 4809
GST/HST: 831536503

Inv#: 9026952
Trans: Pre-Auth
Completion
*****8498
/ C
VISA CREDIT
AID: A0000000031010
Seq#: 625001001003
Terminal ID: S4809C03
Auth No: 085941
ACI/ISO: 001/00
Date: 01/05/2017
Time: 12:19:53 PM
TVR 0080008000
TSI F800
APPROVED
Pump #: 3-Regular
Vol: 53.045 L
Price/L: \$1.009
Total: \$53.52

Fuel Includes:
GST/HST(13%): \$6.16

You Saved
9 Cents/L
Total Savings: \$4.77

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

| | |
|-------------------------------|-----------------|
| Attendee | <i>Roy Avis</i> |
| Conference / Seminar Attended | N.O.M.A |
| Location | THUNDER BAY |
| Dates | April 26 27 28 |

Details of Per Diem

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total |
|--------|--------|---------|------------------|------------------|------------------|----------|--------|------------------|
| Date | | | | | | | | |
| Amount | | | 160 ⁻ | 160 ⁻ | 160 ⁻ | | | 480 ⁻ |

| | |
|--|---------------------------------|
| Name (Please Print) <i>Roy Avis</i> | Signature <i>[Signature]</i> |
| Approved | Date May 1 2017 |

To be submitted to Payroll for processing when approved by Council

Kathy Lawson

From: Front Desk Thunder Bay <frontdeskthunderbay@vicinn.com>
Sent: April-28-17 5:49 AM
To: Kathy Lawson
Subject: Victoria Inn Thunder Bay\Guest Account Inquiry

Victoria Inn Thunder Bay

555 W. Arthur St

Thunder Bay, ON

P7E 5R5

Telephone: 807-577-8481 Fax: 807-475-8961

| | | |
|------------------|------------|------------------------|
| Roy Avis | Page # | 1 |
| 320 Portage Ave | Res. # | 522068 |
| Fort Frances, ON | Checked in | Wed Apr 26/17 - 3:45pm |
| Noma | Departing | Fri Apr 28/17 |
| P9A 3P9 | Nights | 2 |
| | Room Rate | 118.00 |
| | Promo Code | |
| | Room | 131 |

Group: Noma*

| Date | Description | Reference | Charges | Credits |
|-------|--|-----------|---------|---------|
| Apr26 | PAID BY VISA - Th auth #023949 *****8250 | | | 266.68 |
| Apr26 | Room - Government Rate | | 118.00 | |
| Apr26 | HST | | 15.34 | |
| Apr27 | Room - Government Rate | | 118.00 | |
| Apr27 | HST | | 15.34 | |
| | | | ----- | |
| | | 0.00 | 266.68 | 266.68 |

N.O.M.A.

Attn: Kristen Oliver

P.O. Box 10308

Thunder Bay, On. (NOMA01)

P7B 6T8

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Our H.S.T. # is 835058603

Charge Summary:

| | |
|-----|-------|
| HST | 30.68 |
|-----|-------|