

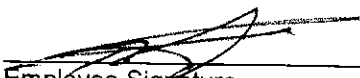
**TOWN OF FORT FRANCES - SCHEDULE "B"  
TRAVEL EXPENSE STATEMENT**

1. Attendee	Roy Avlis							
2. Conference/Seminar Attended	AMC							
Location (Facility and City)	OTTAWA							
Dates	August 12, 13, 14, 15, 16, 17 12 & 17 TRAVEL DAYS							
3.	Sun. 13	Mon. 14	Tues. 15	Wed. 16	Thurs.	Fri.	Sat. 12	Total
Accommodation	KATHY'S CREDIT CARD EXCEPT SATURDAY						217.84	217.84
Transportation Fuel					85.45		30.04	115.49
Breakfast	20.00		20.00	20.00	20.00			80.00
Lunch	25.00		25.00	25.00	17.00			92.00
Dinner	45.00	45.00	45.00	45.00			35.00	215.00
Other TAXI		20.00		25.00				45.00
Other TRAVEL (IN LIEU OF AIR FARE)								622.00
"ROAD WITH DOUG BROWN TO AIRPORT IN OTTAWA"								
4. Prepaid Expenses	Registration		Air Travel		Other		Total	
5. Town Used Vehicle	Yes	<input checked="" type="checkbox"/> NO	Reason		IN USE FUEL ONLY		Total	
Mileage Claimed	KM x CRA rate =							
6. Approved					Total Expenses		1387.33	
					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 AUGUST 11 2017

  
Employee Signature

Date \_\_\_\_\_

Supervisor Signature

Date \_\_\_\_\_

Division Manager Signature

Date	Treasurer	A/P	Cashier

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

Attendee	<i>Roy Avis</i>
Conference / Seminar Attended	AMO
Location	OTTAWA
Dates	AUGUST 13 14 15 16

**Details of Per Diem**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date	AUGUST 14	AUGUST 15	AUGUST 16	AUGUST 17		AUGUST 12	AUGUST 13	
Amount	160.00	160.00	160.00	160.00		80.00	160.00	880.00

Name (Please Print)	Signature
<i>Roy Avis</i>	<i>[Signature]</i>
Approved	Date
	AUGUST 18 2017

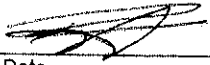
To be submitted to Payroll for processing when approved by Council

**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>AUGUST 11 2017</i>

Holiday Stationstore  
Shop the Difference  
Store # 212  
109 Main St. E  
Baudette, MN

56623  
218-634-2210  
CREDIT CARD SALE  
Holiday  
08/17/17 TIME: 17:04  
Store#:0212  
Terminal#:0001  
VC  
XXXXXXXXXXXX9549

Supra  
Pump #: 01  
Gallons: 25.895  
Price/Gal: \$2.599  
Total Fuel: \$67.30  
Total Sale: \$67.30  
Tran Seq # 869480

85-45 CANADIAN

I AGREE TO PAY THE  
ABOVE TOTAL AMOUNT  
ACCORDING TO THE  
CARDHOLDER AGREEMENT

INV#: 170423001  
APPROVAL: 095687

AVIS/ROY  
Visit us at

holidaystationstores.com



17 AUG 14  
Job #  
RECEIPT FOR CAB FARE

Amount \$10.00 Date \_\_\_\_\_  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. \_\_\_\_\_ Driver \_\_\_\_\_  
H.S.T. Included in meter fare



17 AUG 14

BLUE LINE TAXI  
(613) 258-1111

TERMINAL ID: 324-355-115  
VEHICLE ID: 1315  
DRIVER ID: 00052980  
TRIP NUMBER: 7111  
PASSENGERS: 1  
08-14-2017  
START: 18:59  
END: 18:59  
FARE AMOUNT: \$ 10.00



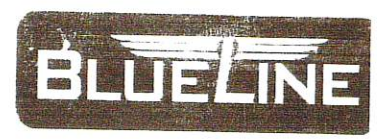
Job #  
RECEIPT FOR CAB FARE

Amount 15 Date Aug 16  
From \_\_\_\_\_  
To \_\_\_\_\_  
Cab No. 642 Driver [Signature]  
H.S.T. Included in meter fare



TOTAL: \$ 10.00  
TIP AMOUNT: \$ \_\_\_\_\_  
GRAND TOTAL: \$ \_\_\_\_\_

CASH RECEIPT  
CUSTOMER SERVICE 1-800-443-2812  
INQUIRY@TAXITAB.COM  
TAXITAB



Aug 16

THE BEST WAY TAXI

011706 00  
06137 224 0001

TERM ID: B6590282 BATCH#: 076  
EMPLOYEE ID: 4510 SHIFT#: 003

Cash Sale  
Total: CAD\$ 10.00  
16-Aug-17 19:15:16

1051 000 1801  
1101  
2493

Safeway  
417 Scott Street  
Fort Frances, ON  
P9A1H3

STORE NO: 4809  
GST/HST: 831536503

-----  
Inv#: 9034756  
Trans: Pre-Auth  
Completion  
\*\*\*\*\*8498  
\*\*/\*\*  
PROXIMITY  
VISA  
AID: A0000000031010  
Seq#: 734001001003  
Terminal ID: S4809C08  
Auth No: 066301  
ACI/ISO: 001/00  
Date: 20/08/2017  
Time: 11:43:34 AM  
APPROVED

Pump #: 8-Midgrade  
Vol: 25.920 L  
Price/L: \$1.159  
Total: \$30.04

Fuel Includes:  
GST/HST(13%): \$3.46

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GROCERY COUPON

Save \$0.91 on your  
next grocery purchase  
at Safeway!  
Offer valid until  
10/19/2017.

Coupon cannot be  
exchanged for cash.

Some exclusions  
apply.

See Customer Service  
for full details.  
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# LORD ELGIN

Roy Avis

Canada

Company Name:

Group Name:

H.S.T: 102094604RT

**INFORMATION INVOICE**

Room No. : 0201  
Arrival : 08-13-17  
Departure : 08-17-17  
Folio No. :  
Conf. No. : 384685  
Cashier No. : 98  
I.D.

Date	Description	Charges	Credits
08-13-17	Room Charge	369.00	
08-13-17	Destination Marketing Fee	11.07	
08-13-17	Room HST	49.41	
08-14-17	Room Charge	369.00	
08-14-17	Destination Marketing Fee	11.07	
08-14-17	Room HST	49.41	
08-15-17	Room Charge	369.00	
08-15-17	Destination Marketing Fee	11.07	
08-15-17	Room HST	49.41	
08-16-17	Room Charge	239.00	
08-16-17	Destination Marketing Fee	7.17	
08-16-17	Room HST	32.00	
08-17-17	Visa		1,566.61
		<b>Total Charges</b>	1,566.61
		<b>Total Credits</b>	1,566.61
		<b>Balance</b>	<b>0.00</b>

*— PAID ON KATITY'S CREDIT CARD —*

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