

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

1. Attendee	June Caul							
2. Conference/Seminar Attended	NOMA							
Location (Facility and City)	Victoria Inn, Thunder Bay, ON							
Dates								

3.		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
	Accommodation								
	Transportation								
	Breakfast								
	Lunch								
	Dinner			35.00	35.00	35.00			105.00
	Per Diem								
	Other								

4. Prepaid Expenses	Registration	Air Travel	Other	Total

5. Town Used Vehicle	Yes	<u>No</u>	Reason	Total
Mileage Claimed	KM x CRA rate =			
6. Approved				
	Total Expenses			40.00
	Advance Received			145.00
	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 Sept. 25, 2017

June Caul
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	June Caul
Conference / Seminar Attended	NOMA
Location	Thunder Bay, ON
Dates	Tues. Sept. 19/17 to Fri. Sept. 22/17

Details of Per Diem

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date			Sept. 20	Sept. 21	Sept. 22			
Amount			\$160	\$160	80			\$400.60

Name (Please Print)	Signature
June Caul	June Caul
Approved	Date
	Sept. 25 /17

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>June Caul</i>	Signature <i>June Caul</i>
Approved	Date <i>Sept. 19 / 17</i>

SHELL CANADA PRODUCTS
4794 HIGHWAY 11 & 17
Kakabeka Falls, ON P0T 1W0
(807) 577-8767

Tax Description	Qty	Amount
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H Bronze	No1	
32.814 L @ \$1.219/ L		\$40.00

Sub Total	\$40.00
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13.0% HST tax on	\$0.00	\$0.00
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5.0% HST-F tax on	\$0.00	\$0.00
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TOTAL	\$40.00
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Cash	\$40.00
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Change	\$0.00
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Fuel Includes	HST	13.0%	\$4.60
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Fuel Includes	HST-F	5.0%	\$0.00
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HST - Fuel - ON No. 863700670RT0001

***** YOUR OPINION COUNTS *****

Tell us about your recent visit at

www.shell.ca/opinion

and you could win a \$500 Shell Gift Card

*Receipt Required

THANK YOU

Questions? 1-800-661-1600

REG: 1 CSH: Quinten, Qa TRAN: 1498448
9/22/2017 14:09:53 ST: C22156