

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

1.	Attendee	June Caul							
2.	Conference/Seminar Attended	AMO							
	Location (Facility and City)	Windsor, ON							
	Dates	Aug. 14 to 17, 2016							
3.		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
	Accommodation								
	Transportation								
	Breakfast		15.00	15.00	15.00				45.00
	Lunch	20.00	20.00	20.00	20.00				80.00
	Dinner	40.00	40.00	40.00	40.00				160.00
	Per Diem								
	Other								
4.	Prepaid Expenses	Registration		Air Travel		Other			Total
									245.00
5.	Town Used Vehicle	Yes	No	Reason					Total
	Mileage Claimed	KM x \$0.47 =							
6.	Approved								Total Expenses
									245.00
									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.

Sept. 7, 2016
Date

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	AMO
Location	Windsor, ON
Dates	Aug. 14, 15, 16, 17

Details of Per Diem

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date	Aug. 15	Aug. 16	Aug. 17				Aug. 14	
Amount	150.00	150.00	150.00				150.00	450.00

Name (Please Print)	Signature
June Caul	June Caul
Approved	Date

To be submitted to Payroll for processing when approved by Council