

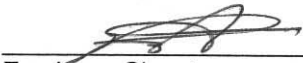
**TOWN OF FORT FRANCES - SCHEDULE "B"**  
**TRAVEL EXPENSE STATEMENT**

1.	Attendee	<i>Roy Avis</i>							
2.	Conference/Seminar Attended	<i>BUILDING ONTARIO UP</i>							
	Location (Facility and City)	<i>KENORA ONT</i>							
	Dates	<i>July 22 2015</i>							
3.		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
	Accommodation								
	Transportation <i>Fuel</i>				<i>61.00</i>				<i>61.00</i>
	Breakfast								
	Lunch				<i>16.00</i>				<i>16.00</i>
	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				
					Advance Received				
					Balance Claimed				<i>77.00</i>
					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.

*July 27 2015*  
Date

  
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	Roy Avis
Conference / Seminar Attended	Building Ontario Up
Location	KENORA ONT
Dates	July 22 2015

**Details of Per Diem**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date			July 22/15					
Amount			150.00					

Name (Please Print) Roy Avis	Signature 
Approved	Date July 22 2015



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) 	Signature 
Approved	Date July 22 2015

DUPLICATE DUPLICATE DUPLICATE

PETRO-CANADA  
HWY # 11  
EMO  
Ontario POW 1EO

F-HST: 891852709 (807) 482-2680  
2015-07-23 PC0161415:3448201 09:21  
TERMINAL: 053448201 OPER: A  
PAYPOINT: 053448201

FUEL	(L)	(\$/L)	(\$)
Pump 1			
Regular	55.000	1.209	66.50*
Total Owed			66.50

**TOTAL PAID**  
**CREDIT CARD \$ 66.50 61.00**

Taxes on 55.000 Litres of Regular Fuel  
FET: \$0.1000/L = \$5.50  
PFT: \$0.1470/L = \$8.09  
F-H: 5.000% = \$2.94  
PST: 8.000% = \$4.71

VISA \*\*\*\*\*8498 C  
INV. 164203 AUTH. 081429  
Purchase  
C 0010010010 00 027

VISA CREDIT