


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

| | | | | | | | | | |
|----|------------------------------|---------------------------|--|-------------------|--------------------------|--------|-------|-------|--------|
| 1. | Attendee | Roy Avis | | | | | | | |
| 2. | Conference/Seminar Attended | N.O.M.A. | | | | | | | |
| | Location (Facility and City) | KENORA ONT. (CLARION INN) | | | | | | | |
| | Dates | MAY 2, 3, 4 2018 | | | | | | | |
| 3. | | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Total |
| | Accommodation | | | | | | | | |
| | Transportation FUEL | | | | PAID BY VISA CREDIT CARD | | | | |
| | Breakfast | | | | | | 80.00 | | 80.00 |
| | Lunch | | | | 17.00 | | 17.00 | | 34.00 |
| | Dinner | | | | | | | | |
| | Per Diem | | | | | | | | |
| | Other | | | | | | | | |
| 4. | Prepaid Expenses | Registration | | Air Travel | | Other | | Total | |
| | | | | | | | | | |
| 5. | Town Used Vehicle | Yes | No <input checked="" type="checkbox"/> | Reason BEING USED | | | | | Total |
| | Mileage Claimed | KM x CRA rate = | | | | | | | |
| 6. | Approved | | | | | | | | |
| | | Total Expenses | | | | | | | 114.00 |
| | | 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.

Date May 7 2018


Employee Signature

Date _____

Supervisor Signature

Date _____

Division Manager Signature

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

COPY

Husky



Want great rewards? Visit myHuskyRewards.ca

Fort Frances Husky

500 Kings Highway
Fort Frances ON P9A 3P8
(807) 274-7680

GST# 804707339 Merchant ID:4976296

Receipt 71717099

Type: SALE

| Qty Name | Price | Total |
|---------------------|----------|----------|
| 1 87 GAS | \$ 1.399 | \$ 80.00 |
| Pump: | 7 | |
| Litres: | 57.184 | |
| Price / Litre: | \$ 1.399 | |
| Subtotal | | \$ 80.00 |
| GST / HST Fuel | | \$ 9.20 |
| Total | | \$ 80.00 |
| Pre Auth Completion | \$ | 80.00 |

*****9367 Exp **/** C

VISA CREDIT

05/05/2018 11:12:28

722071EK 71 RESP:000 ISO:00

Ref:208001001021 Auth:07848G

AID: A0000000031010

TVR: 8080208010 TSI: 7C00

Approved

5/5/18 11:12:29 AM

Pos:71 Cashier:31 Store:7220


Earn FREE fuel faster.
Register today at myHuskyRewards.ca

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>MAY 2 2018</i> |



**Clarion Lakeside Inn and
Conference Centre (CNA65)**

470 First Avenue South
Kenora, ON P9N 1W5
(807) 468-5521
GM.CNA65@choicehotels.com

Account: 565327436

Date: 5/8/18

Room: 302 GROUP-

Arrival Date: 5/2/18

Departure Date: 5/4/18

Check In Time: 5/2/18 5:22 PM

Check Out Time: 5/4/18 11:12 AM

Rewards Program ID:

You were checked out by: Is

You were checked in by: joel

Total Balance Due: 0.00

Avis, Roy

NOMA

*

Fort Frances, ON P9A3P9

| Post Date | Description | Comment | Amount |
|-----------|---------------------------|------------------|----------|
| 5/2/18 | HARMONIZED SALES TAX | | 15.15 |
| 5/2/18 | Room Charge | #302 Avis, Roy | 115.00 |
| 5/2/18 | Destination Marketing Fee | | 1.50 |
| 5/3/18 | HARMONIZED SALES TAX | | 15.15 |
| 5/3/18 | Room Charge | #302 Avis, Roy | 115.00 |
| 5/3/18 | Destination Marketing Fee | | 1.50 |
| 5/4/18 | Visa Payment | | (263.30) |
| | | XXXXXXXXXXXX1403 | |

Folio Summary 5/2/18 - 5/4/18

| | |
|---------------------------|-------------|
| Room Charge | 230.00 |
| Destination Marketing Fee | 3.00 |
| HARMONIZED SALES TAX | 30.30 |
| Visa Payment | (263.30) |
| Balance Due: | <u>0.00</u> |

This rate is not eligible for partner rewards.
GST824199590

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x



10-020-0240-1500-71531
Council - Conf/Courses

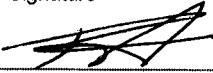
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TOWN OF FORT FRANCES - SCHEDULE "F"
TRAVEL STATEMENT – MAYOR / COUNCIL HONORARIUM

| | |
|-------------------------------|-------------------------|
| Attendee | <i>Roy Aris</i> |
| Conference / Seminar Attended | <i>NOMA.</i> |
| Location | <i>KENORA ONTARIO</i> |
| Dates | <i>MAY 2, 3, 4 2018</i> |

Details of Per Diem

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total |
|--------|--------|---------|-----------------|-----------------|-----------------|----------|--------|---------------|
| Date | | | <i>MAY 2/18</i> | <i>MAY 3/18</i> | <i>MAY 4/18</i> | | | |
| Amount | | | <i>160.00</i> | <i>160.00</i> | <i>160.00</i> | | | <i>480.00</i> |

| | |
|--|---|
| Name (Please Print) <i>Roy Aris</i> | Signature  |
| Approved | Date <i>MAY 7 2018</i> |

To be submitted to Payroll for processing when approved by Council