

**TO:** Mayor Avis & Members of Council  
**FROM:** Dawn Galusha, Deputy Treasurer  
**DATE:** October 7, 2014  
**SUBJECT:** Mayor Roy Avis – Northwestern Ontario Regional Conference Travel & Per Diem Claims

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### **BACKGROUND**

Attached is a copy of the Travel Statement – Mayor/Council Honorarium per diem in the amount of \$375.00 and Schedule “B” Travel Expenses of \$220.44 to attend the Northwestern Ontario Regional Conference held in Thunder Bay, Ontario from September 24 – 26, 2014 as submitted by Mayor Roy Avis.

#### Conference Expenses

1. Meals	\$ 86.00
2. Transportation	134.44
3. Per Diem (2 1/2 days)	<u>375.00</u>
Total Per Diem & Travel Claims	<u>\$595.44</u>

The registration fee of \$200.00 and hotel accommodations of \$268.94 were paid by the Town resulting in the total cost of \$1,064.38 to attend the Northwestern Ontario Regional Conference as authorized by Council.

The travel expenses and per diem claim is in compliance with Town of Fort Frances Travel Policy Number 3.11 and By-Law 02/10-B Schedule ‘A’.

### **RECOMMENDATION**

Administration recommends approval of the Travel Statement – Mayor/Council Honorarium per diem and Travel Expense claim in the total amount of \$595.44 as submitted by Mayor Roy Avis for his attendance at the Northwestern Ontario Regional Conference held in Thunder Bay, Ontario.

Council Approval of this Report Will Agree to the Administration’s recommendation to approve the Travel Statement – Mayor/Council Honorarium per diem and Travel Expense claim in the total amount of \$595.44 as submitted by Mayor Roy Avis for his attendance at the Northwestern Ontario Regional Conference held in Thunder Bay, Ontario.

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

1.	Attendee	<i>Roy Avis</i>								
2.	Conference/Seminar Attended	<i>NORTHERN ONTARIO MUNICIPAL ASSOCIATION</i>								
	Location (Facility and City)	<i>THUNDER BAY ONTARIO</i>								
	Dates	<i>SEPT 24 25 26</i>								
3.		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total	
	Accommodation									
	Transportation						<i>134.44</i>		<i>134.44</i>	
	Breakfast				<i>-</i>	<i>-</i>	<i>-</i>			
	Lunch				<i>-</i>	<i>-</i>	<i>16.00</i>		<i>16.00</i>	
	Dinner				<i>35.00</i>	<i>35.00</i>			<i>70.00</i>	
	Per Diem									
	Other						<i>1</i>			
4.	Prepaid Expenses	Registration		Air Travel		Other		Total		
5.	Town Used Vehicle	Yes	No	Reason					Total	
	Mileage Claimed	<i>KM x \$0.47 =</i>								
6.	Approved					Total Expenses				<i>220.44</i>
						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.

*SEPTEMBER 29 2014*  
Date

*[Signature]*  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Manager Signature

Date	Treasurer	A / P	Cashier



Safeway Fort Frances  
417 Scott Street Fort Frances ON  
Phone: 807.274.4521  
GST# 831536503

Served by: Elaine W

Fuel Unleaded	96	\$134.44
SUBTOTAL		\$134.44
TOTAL TAX		\$0.00
<b>TOTAL</b>		<b>\$134.44</b>
American Express TENDER		\$134.44
Cash		\$0.00

NUMBER OF ITEMS 1

CLIENT ID 9803	INSERTED
TERMINAL ID 086	
** PURCHASE	** \$ 134.44
CARD American Express	RCPT 1174000
NO. *****4007	RESP 000
DATE 09/28/2014	TIME 08:16:12
AUTH # 867690	REF # 00000002
APPL. AMERICAN EXPRESS	
AID A000000025010801	
TVR 0000008000	TSI F800

APPROVED

NO SIGNATURE REQUIRED

BY ENTERING A VERIFIED PIN, CARDHOLDER  
AGREES TO PAY ISSUER SUCH TOTAL IN  
ACCORDANCE WITH ISSUER'S AGREEMENT WITH  
CARDHOLDER

Term	Tran	Store	Oper	09/28/14
86	1174	4809	235	08:16:28

Thank you for shopping at Our Store  
Come Again Soon

\*\*\*\*\*  
How was your shopping experience?  
Please share your thoughts online.  
safewaycanada.survey.marketforce.ca  
\*\*\*\*\*



Township of Fort Frances

Canada

Avis, Roy

Company Name: Township of Fort Frances

Group Name: NOMA Fall Conf

**INVOICE**

HST No.: RT 895695716

Room No. 214  
Arrival : 09/24/14  
Departure : 09/26/14  
Invoice No. :  
Conf. No. : 98391  
Cashier No. : 12  
Purchase :  
Order :  
A/R No. :

Date	Description	Charges	Credits
09/24/14	Room Charge	119.00	
09/24/14	Harmonized Sales Tax	15.47	
09/25/14	Room Charge	119.00	
09/25/14	Harmonized Sales Tax	15.47	
09/26/14	Visa - Front Desk		268.94
		<b>Total Charges</b>	268.94
		<b>Total Credits</b>	268.94
		<b>Balance</b>	<b>0.00</b>

Paid By KATHY

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Signature: \_\_\_\_\_

I agree to the charges and understand that any outstanding charges will be charged to my credit card after departure.

Valhalla Inn


1 Valhalla Inn Road, Thunder Bay, P7E 6J1 || Telephone: 807-577-1121 || Fax: 807-475-4723 || [www.valhallainn.com](http://www.valhallainn.com)

**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>SEPTEMBER 29 2014</i>

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

Attendee	<i>Roy Avis</i>
Conference / Seminar Attended	<i>NORTHERN ONTARIO MUNICIPAL ASSOCIATION</i>
Location	<i>THUNDER BAY ONT</i>
Dates	<i>SEPTEMBER 24 25 26</i>

**Details of Per Diem**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date			<i>SEPT 24</i>	<i>SEPT 25</i>	<i>SEPT 26</i>			
Amount			<i>75.00</i>	<i>150.00</i>	<i>150.00</i>			<i>375.00</i>

Name (Please Print)	Signature
<i>Roy Avis</i>	
Approved	Date
	<i>SEPTEMBER 30 2014</i>

To be submitted to Payroll for processing when approved by Council