

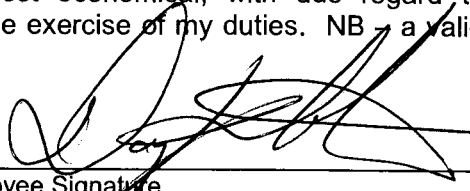
**TOWN OF FORT FRANCES - SCHEDULE "B"**  
**TRAVEL EXPENSE STATEMENT**

1. Attendee	Doug Kifowski							
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	GAS PAID BY DE							88.82
Transportation								88.82
Breakfast								34.00
Lunch								
Dinner								
Per Diem								
Other								
4. Prepaid Expenses	Registration		Air Travel		Other		Total	
5. Town Used Vehicle	Yes	<input checked="" type="radio"/> No	Reason					Total
Mileage Claimed	KM x CCRA rate =							
6. Approved	Total Expenses							122.82
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.

MAY 14 - 2018  
 Date

  
 Employee Signature

Date

Supervisor Signature

Date

Division Manager Signature

Date	Treasurer	A / P	Cashier
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Husky



Want great rewards? Visit [myHuskyRewards.ca](http://myHuskyRewards.ca)

Fort Frances Husky  
800 Kings Highway  
Fort Frances ON  
P9A 3P8  
(807) 274-7680  
GST# 804707339  
Retailer ID 4976296  
Act:16081 7220-6  
Batch:2388-67

myHusky Rewards  
707610####3811  
Earned: 119  
Used today: 0  
Balance: 6051

2018/05/05 17:50:01  
Unit#: 600

Item	Amount
------	--------

Pump# 6	
Eth Midgrad	\$88.82
59.253 L @ \$1.499/L	
AMOUNT	\$88.82
HST(Inc Pump)	\$10.22

HUSKYPRO  
#####4406  
2018/05/05 17:47:09  
A#:589511



PLEASE TELL US  
HOW WE DID!  
[myHusky.ca/Feedback](http://myHusky.ca/Feedback)

*F.F. to Rni  
Rni to F.F.  
DKT 100*

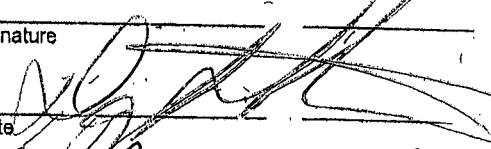
*[Handwritten signature]*

**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) - Doug Kitowski	Signature 
Approved	Date MAY 14-2008



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

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

Account: 549134966

Date: 5/8/18

Room: 315 SGM

Arrival Date: 5/2/18

Departure Date: 5/5/18

Check In Time: 5/2/18 12:26 PM

Check Out Time: 5/5/18 12:11 PM

Rewards Program ID:

You were checked out by: Is

You were checked in by: shew

**Total Balance Due: 0.00**

KITOWSKI, LINDA  
Unknown  
Fort Frances, ON P9A 3M3

Post Date	Description	Comment	Amount
5/2/18	HARMONIZED SALES TAX		19.70
5/2/18	Room Charge	#315 KITOWSKI, LINDA	149.99
5/2/18	Destination Marketing Fee		1.50
5/5/18	Visa Payment	XXXXXXXXXXXX1403	(171.19)

**Folio Summary 5/2/18 - 5/5/18**

Room Charge	149.99
Destination Marketing Fee	1.50
HARMONIZED SALES TAX	19.70
Visa Payment	(171.19)
Balance Due:	<b>0.00</b>

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

GST824199590

**COPY**



You could be earning free nights and other great rewards. Join Choice Privileges today, at [www.choiceprivileges.com](http://www.choiceprivileges.com).

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

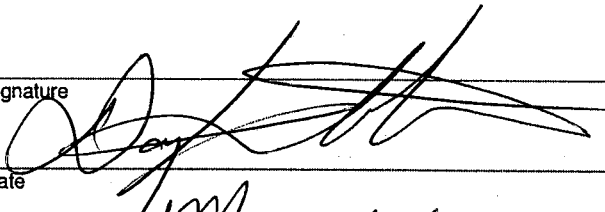
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**TOWN OF FORT FRANCES - SCHEDULE "F"**  
**TRAVEL STATEMENT - MAYOR / COUNCIL HONORARIUM**

Attendee	Doug Kitowski
Conference / Seminar Attended	N.O.M.A.
Location	KENORA - ONT
Dates	MAY - 2-3-4 2018

**Details of Per Diem**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date			MAY 2-18	MAY 3-18	MAY 4-18			
Amount			160.00	160.00	160.00			480.00

Name (Please Print)	Signature
Doug Kitowski	
Approved	Date
	May 14-2018

To be submitted to Payroll for processing when approved by Council

