

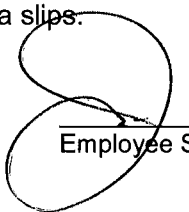
**TOWN OF FORT FRANCES - SCHEDULE "B"  
TRAVEL EXPENSE STATEMENT**

1.	Attendee	JOHN McTAGGART							
2.	Conference/Seminar Attended	OPP Annual Awards Presentation							
	Location (Facility and City)	KENORA ONT.							
	Dates	OCT 22 2019							
3.		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
	Accommodation								
	Transportation								
	Breakfast								
	Lunch								
	Dinner								
	Per Diem								
	Other								
4.	Prepaid Expenses	Registration		Air Travel		Other			Total
5.	Town Used Vehicle	Yes	<input checked="" type="checkbox"/> No	Reason					Total
	Mileage Claimed	460	KM x CRA rate = \$8					266.80	
6.	Approved						Total Expenses	266.80.	
							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 Nov 6 2019

Employee Signature 

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

Date	Treasurer	A / P	Cashier