

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

1.	Attendee	PAUL RYAN									
2.	Conference/Seminar Attended	7th NOMA Annual General Meeting + Conference									
	Location (Facility and City)	Carion Lakeside Inn - Kenora Ontario									
	Dates	May 2, 3, 4 / 2018									


3.		May	Sun.	Mon.	Tues.	Wed. 2 nd	Thurs. 3 rd	Fri. 4 th	Sat.	Total
	Accommodation					131.65	131.65			263.30
	Transportation									
	Breakfast					/	/	/		
	Lunch					17.00	/	17.00		34.00
	Dinner					/	/	/		
	Per Diem									
	Other									

4.	Prepaid Expenses	Registration	Air Travel	Other	Total
	By Town of Ft Frances	YES			/

5.	Town Used Vehicle	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Reason	Total
	Mileage Claimed	KM x \$0.45 =			

6.	Approved	Total Expenses	297.30
		Advance Received	/
		Balance Claimed	/
		Balance Refunded	/

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.

<p><u>May 7 / 2018</u></p> <p>Date</p> <p>_____</p> <p>Date</p> <p>_____</p> <p>Date</p>	<p></p> <p>Employee Signature</p> <p>_____</p> <p>Supervisor Signature</p> <p>_____</p> <p>Division Manager Signature</p>
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Date	Treasurer	A / P	Cashier



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

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

Account: 565327458

Date: 5/4/18

Room: 501 GROUP-

Arrival Date: 5/2/18

Departure Date: 5/4/18

Check In Time: 5/2/18 4:04 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by: pdet

Total Balance Due: 0.00

Ryan, G.Paul

NOMA

*

Fort Frances, ON P9A3P9

Post Date	Description	Comment	Amount
5/2/18	HARMONIZED SALES TAX		15.15
5/2/18	Room Charge	#501 Ryan, G.Paul	115.00
5/2/18	Destination Marketing Fee		1.50
5/3/18	HARMONIZED SALES TAX		15.15
5/3/18	Room Charge	#501 Ryan, G.Paul	115.00
5/3/18	Destination Marketing Fee		1.50
5/4/18	Master Card	XXXXXXXXXXXX7005	(263.30)

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

Room Charge	230.00
Destination Marketing Fee	3.00
HARMONIZED SALES TAX	30.30
Master Card	(263.30)
Balance Due:	<u>0.00</u>

This rate is not eligible for partner rewards.

GST824199590

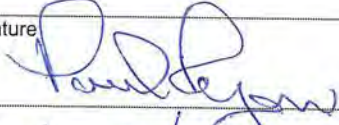


TOWN OF FORT FRANCES - SCHEDULE "F"
TRAVEL STATEMENT – MAYOR / COUNCIL HONORARIUM

Attendee	PAUL RYAN
Conference / Seminar Attended	72 ND NORTHERN AGM + Conference
Location	CLARION LAKESIDE INN - KENORA ON.
Dates	MAY 2, 3, 4 / 2018

Details of Per Diem

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

Name (Please Print)	PAUL RYAN	Signature	
Approved		Date	MAY 7/2018

To be submitted to Payroll for processing when approved by Council