

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

Attendee	Wendy Brunetta
Conference / Seminar Attended	NOMA Meeting
Location	Thunder Bay
Dates	Nov 28-29/17

**Details of Per Diem**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date		Nov 28	Nov 29					
Amount		80.00	160.00					240.00

Name (Please Print) Wendy Brunetta	Signature <i>W Brunetta</i>
Approved	Date Dec 11/17

To be submitted to Payroll for processing when approved by Council

**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>Wendy Brunetta</i>	Signature <i>Wendy Brunetta</i>
Approved	Date <i>Dec 11/17</i>

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

1.	Attendee	Wendy Brunetta							
2.	Conference/Seminar Attended	NOMA Mtg							
	Location (Facility and City)	Thunder Bay							
	Dates	Nov 28-29/17							
3.		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
	Accommodation								
	Transportation								
	Breakfast								
	Lunch								
	Dinner								
	Per Diem			80	160				240.00
	Other								
4.	Prepaid Expenses	Registration		Air Travel		Other		Total	
5.	Town Used Vehicle	Yes	No	Reason					Total
	Mileage Claimed	KM x \$0.47 =							
6.	Approved					Total Expenses			
						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.

Dec 11/17  
Date

Wendy Brunetta  
Employee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

Date	Treasurer	A / P	Cashier