

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

1.	Attendee	<i>ROY AUIS</i>							
2.	Conference/Seminar Attended	<i>ECONOMIC DEVELOPMENT MEETING</i>							
	Location (Facility and City)	<i>THUNDER BAY ONT</i>							
	Dates	<i>MAY 24, 25</i>							
3.		Sun.	Mon.	Tues. <sup>24</sup>	Wed. <sup>25</sup>	Thurs.	Fri.	Sat.	Total
	Accommodation								
	Transportation								
	Breakfast				*12.00				12.00
	Lunch								
	Dinner			*35.00					35.00
	Per Diem								
	Other								
4.	Prepaid Expenses	Registration		Air Travel		Other		Total	
5.	Town Used Vehicle	Yes	<input checked="" type="radio"/> No	Reason <i>IN USE</i>					Total
	Mileage Claimed	<i>720</i> KM x \$0.47 =							<i>338.40</i>
6.	Approved					Total Expenses <i>385.40</i>			
						Advance Received			
						Balance Claimed <i>385.40</i>			
						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 27 2016*  
Date

  
Employee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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


Date	Treasurer	A / P	Cashier

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

Attendee	<i>Mayor Avis</i>
Conference / Seminar Attended	<i>ECONOMIC DEVELOPMENT MEETING</i>
Location	<i>THUNDER BAY ONT.</i>
Dates	<i>MAY 24 25</i>

**Details of Per Diem**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date		<i>MAY 24</i>	<i>MAY 25</i>					
Amount		<i>75-</i>	<i>150-</i>					<i>225.00</i>

Name (Please Print)	Signature
<i>Mayor Avis</i>	
Approved	Date
	<i>MAY 27 2016</i>


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>Roy Aris</i>	Signature 
Approved	Date <i>MAY 27 2016</i>