

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

1.	Attendee	Roy Avis						
2.	Conference/Seminar Attended	AMO WHAT'S NEXT ONTARIO						
	Location (Facility and City)	DRYDEN ONT						
	Dates							

3.		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
	Accommodation								
	Transportation								
	Breakfast Gas				54.51				54.51
	Lunch				16.00				16.00
	Dinner				35.00				35.00
	Per Diem								
	Other								

4.	Prepaid Expenses	Registration	Air Travel	Other	Total


5.	Town Used Vehicle	Yes	No	Reason	
	Mileage Claimed	KM x \$0.47 =			Total

6.	Approved		Total Expenses	105.51
			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.

OCTOBER 20 2016
Date


Employee Signature

Date

Supervisor Signature

Date

Division Manager Signature

Date	Treasurer	A / P	Cashier

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) 	Signature 
Approved	Date OCTOBER 18 2016

Safeway
417 Scott Street
Fort Frances, ON
P9A1H3

STORE NO: 4809
GST/HST: 831536503

Inv#: 9018353
Trans: Pre-Auth
Completion
*****8498

-

PROXIMITY

VISA

AID: A0000000031010

Seq#: 385001001001

Terminal ID: S4809C05

Auth No: 053208

ACI/ISO: 001/00

Date: 20/10/2016

Time: 12:08:45 PM

APPROVED

Pump #: 5-Regular
Vol: 57.440 L
Price/L: \$0.949
Total: \$54.51

Fuel Includes:
GST/HST(13%): \$6.27

You Saved
10 Cents/L
Total Savings: \$5.74

TRIP TO DRYDEN

FORT FRANCES

ONTARIO WHATS NEXT



TOWN OF FORT FRANCES
COUNCIL

Session No. 049

Resolution No. 612

Moved by *W. Brunetta*


Dated October 11, 2016

Seconded by *for*

THAT the following Members of Council be authorized to attend the 'What's Next Ontario' session hosted by Association of Municipalities of Ontario scheduled for Wednesday October 19, 2016 in Dryden, ON:

- Mayor Avis & Councillor Perry
- with per diem and travel expenses.

	Yea	Nay	Disclosure of Interest
R. Avis			
J. Albanese			
W. Brunetta			
J. Caul			
D. Kitowski			
K. Perry			
G. Paul Ryan			

<input checked="" type="checkbox"/>	CARRIED
<input type="checkbox"/>	DEFEATED
 _____ MAYOR or DEPUTY MAYOR	