

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

1.	Attendee								
2.	Conference/Seminar Attended								
	Location (Facility and City)								
	Dates								
3.		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
	Accommodation								
	Transportation								
	Breakfast								
	Lunch								
	Dinner								
	Other								
4.	Prepaid Expenses	Registration		Air Travel			Other		Total
5.									
5.	Town Used Vehicle	Yes	No	Reason				Total	
	Mileage Claimed	=	K						
6.	Approved				Total Expenses				
					Advance Received				
					Balance Claimed				
					Balance Refunded				

In claiming the above amounts, I certify that the expenses have been incurred on behalf of the Library, 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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CEO's Signature

\_\_\_\_\_  
Date

Date	Treasurer	A / P	Cashier