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Fitte: Production supervisor Fitte:			Title.		Director, Arts r	and Culture Services		
Date: 05/13/2019 Date:	Title.							
	Date: 05/13/2019		Date:		train nations			

\*\*This form may not be altered in any manner. All mandatory fields must be completed and filled in electronically. Incomplete forms will be returned to the originator for corrections prior to being processed for payment. Hand written forms will not be accepted and will be returned to the division.

Telephone:

Signature:

Important note: Employees seeking reimbursement and program administration staff are responsible for blacking out or severing the full credit card numbers and/or non-business phone numbers that may appear on original receipts before sending to Accounts Payable for processing.

ASE.0030.02

Telephone:

Signature:

May 2011 Updated: April 2015



# Memorandum

Mike Williams General Manager Economic Development & Culture

Arts and Culture Services Toronto City Hall, 9th Floor, East Tower Toronto, Ontario M5H 2N2 Patrick Tobin Director, Arts and Culture

Date:

May 8, 2019

To:

Gord McNally, Supervisor, EDC Finance

From:

Patrick Tobin, Director, Arts and Culture Services

Subject:

cancellation of Working at Heights training

Hi Gord,

I am writing to advise you Alan Jazvac was not able to attend the working at heights training he was approved for on May 2. He was called to attend an emergency premediation meeting with our legal and representatives of IBEW local 353 electricians with respect to an upcoming grievance mediation on May 9.

Unfortunately, he did not receive enough notice to cancel the session for a reimbursement of the course fee (\$130 + HST).



Pat Tobin Director, Arts & Culture

There is
no report
on Conference
This memo
explains why.



Updated: March 2016

### **Request for Authorization**

## Attendance at Conferences/Seminars, Training and Business Travel

This form should be completed and the necessary approvals obtained at least 10 business days in advance of undertaking any training, business travel, and/or attending any conference/seminar. The \$3,500 limit does not apply to training. Please refer to the completion guidelines of this form and all related policies. П Conference Seminar Training 🗹 **Business Travel** Name: Alan Jazvac Division: **Economic Development and Culture** City Hall - 100 Queen Street West, 6th Floor, West Tower Toronto ON M5H 2N2 Work Address: Working at Heights - Fundamentals of Fall Prevention Name of Conference/Seminar/Training: Outside Ontario/Canada Within GTA 🗹 Outside GTA & within Ontario Destination: 1 day 02-May-19 02-May-19 End Date: Start Date: Are breakfast, lunch and/or dinner meals provided by the Sponsor? Please specify: (Meals will be deducted from per Diem as stated in Business Exp Policy) no meals provided Purpose: Use space provided below for full description To ensure fall prevention while working at heights for our events such as Canada Day, Nuit Blacnche Toronto, Cavalcade of Lights and New Year's Eve. ESTIMATED COSTS: (The estimated costs should include HST and all other applicable taxes) Use Exchange rate(s): Foreign Currency\* Canadian\$ (incl.tax) 1 unit local currency = 1 unit local currency = Registration Fees: (Conference/Seminar/Training) \$146.90 Accommodation: (Standard Single Room) /day incl. taxes Number of Days: 0 Travel Method: Air Train Bus \$0. CAD/km Personal Vehicle: km X Ground transportation: (including car rental, to/from airports) Specify estimates: Sundry Expenses: (See Business Expense Policy; Meals provided are deducted) Number of Days: N/A .00 CAD or USD **Sub-Total Estimated Costs:** - Other Business Meeting expenses outside of Conference costs, please specify: \$146.90 TOTAL ESTIMATED COST: SE0010 Cost Centre/ WBS Element to be charged: 1560200000 Functional Area to be charged: I certify that all estimated costs relating to this trav included in this form. Signature of Employee: I have confirmed that approved funds are available for this purpo Approval for Proposed Expense Mike Williams Division Head Deputy City Manager: (signature) (date) City Manager/Mayor: (signature) (date) Committee & Report No. (if applicable)



#### Work Safe for Life

February 26, 2019

Alan Jazvac City of Toronto 55 John Street 21st Floor Toronto ON, MSV 3C6

Phone:

#### **CONFIRMATION OF REGISTRATION**

Dear Alan,

Course:

Working at Heights - Fundamentals of Fall Prevention

Date:

02/May/2019 8:00 AM - 02/May/2019 5:00 PM (1.00 day(s))

Instructor:

**Rob Jackson** 

Location:

Voyager Training Centre - IHSA, 206 - Classroom (WAH Room)

21 Voyager Court South Toronto, ON M9W 5M7

We are pleased to confirm your registration for the Working at Heights - Fundamentals of Fall Prevention training. The training program will take place as noted above. If this confirmation is incorrect in any way, please notify the customer service representative noted below at least ten business days prior to the program start date. IHSA reserves the right to cancel any program due to insufficient enrolment or other causes. In the event of a program cancellation, IHSA will contact you for a transfer to another program or cancellation of registration.

IHSA encourages all training participants to verify that their course is being conducted, as scheduled, prior to traveling. Course cancellations, due to inclement weather or emergency circumstances will be posted by 5:30 am the morning of the event. Participants can find this information on the homepage of <a href="www.ihsa.ca">www.ihsa.ca</a> via the button "Inclement Weather Notices" found at the top left corner of the page.

Participants must wear appropriate clothing, as well as bring their own CSA approved head, foot and eye protection to be worn during the hands-on exercises. The participant will not be permitted to participate in the course if they do not bring the noted personal protective equipment and tools. Participants must bring a valid piece of photo ID to the training program to confirm their registration (Driver's License, Permanent Resident Card, Passport, Student Card).

Program fees are due upon registration. Participants who are registered in a IHSA facility training program, but who do not attend or do not provide written notification of the cancellation at least ten business days prior to the program start date, are responsible for the full fee. Participant substitutions may be made until program commencement. Participants will receive a record of training upon completion of this program and upon receipt of full payment.

Thank you for choosing IHSA for your training needs.

Sincerely,

Angie Stocco
Customer Service Representative

### Teresa Spagnuolo

From:

INFRASTRUCTURE HANDS ASSO <

Sent:

February 26, 2019 12:30 PM

To:

Angela Stocco

Subject:

Transaction Receipt - Do Not Reply

INFRASTRUCTURE HANDS ASSO 5110 Creekbank Rd Suite 400 Mississauga ON L4W 0A1

www.ihsa.ca

TRANSACTION RECORD

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APPROVED

TYPE PURCHASE

ORDER ID REG-228191-Z2F4J4

CUSTOMER ID 98321

AMOUNT (CAD) \$1028.30

CARD NUM

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ACCOUNT MC

10000111 1110

DATE Feb 26 2019 12:24PM

REF NUM 661639570018830430 M

AUTH CODE 122436

APPROVED - THANK YOU 027					
REFUND POLICY http://www.ihsa.ca/terms_conditions/index.cfm					
ITEM DETAILS					
TOTAL CAD \$1028.30					
BILLING DETAILS					
NAME COMPANY ADDRESS CITY / PROV POSTAL CODE COUNTRY PHONE FAX					
SHIPPING DETAILS					
NAME COMPANY ADDRESS CITY / PROV POSTAL CODE COUNTRY PHONE FAX					
MISCELLANEOUS DETAILS					
EMAIL					

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NOTE

Please keep this email as your transaction receipt.

This receipt has been sent from an unmonitored email account. Do not reply to this email.