HALIFAX OUT OF TOWN TRAVEL EXPENSE ACCOUNT						or Acco	ounting Use Only			
REGIONAL MUNICIP		EMPLOYER						s 55		
SECTION 1										
EMPLOYEE NAME (Please I	Print)				PERIOD OF	TRAVEL		VE SECTION		
Waye Mason HRM WORK LOCATION			From Sep 21, 2017 To Sep 22, 2017 DESTINATION							
4th Floor, City Hall PURPOSE OF TRAVEL (CONF	ERENCE, COL	JRSE, NAME OF		4050 NETC)	Sydney	/, Nova S	cotia			
Cape Breton Region	al Municip	pality Caucu	s Meeting							
SECTION 2 TRAVEL					AMO	UNTS	CLAIM	CHARGED TO HRM		
TYPE Vehicle	USE DROP DOWN MENU TO SELECT									
WILLIAM CO.	407	KMS AT	0.46	PER KM	\$ 187.22		\$ 187.22			
	407	KMS AT	0.46	PER KM	\$ 187.22		\$ 187.22			
ECTION 3		Ž4				E				
MEALS AND LODGING: (ATTA	CH RECEIPTS) Piease see pa	ge 2 for detaile	d instructions						
	dge Sydne	/			\$ 171.01		_			
1 Lunch	n, 1 Dinner	per diem	<u>-</u>		\$ 42.00		_			
ROUND TRANSPORTATION		_			_					
NCIDENTALS			*11		\$ 20.00					
2 Days		\$ 20.00 \$ 233.01		_ \$ 233.01						
ELIGIBLE MISCELLANEOUS E	XPENSES- NO	T INCLUDED AB	OVE: (ATTACH	Total RECEIPTS)	7 233.01					
							-			
							7			
							_			
				TOTAL	EXPENSES - SEC	TION 2+3	6.607.45			
							\$ 607.45			
					Ţ	OTAL COST	THIS CLAIM & CHARGE DIREC	\$ 607.45		
				TOTALTO	BE REIMBURSED	TO EMPLOY	\$ 607.45			
	<u> </u>	.ESS ADVANCE	RECEIVED DAT	ED		AMOL	INT			
	BALANCE	OWING :	HRM	Ī	Employee	AMOI	UNT \$ 607.45			
COMPANY CODE	COST	CENTER	EXPEN	ISE CODE	AMOU	NT				
HROP	E	200	6	904	\$ 607	7.45				
ployee Signature							Date			
proved by Name and	d Title (Pl	ease Print)					7.			
proving Signature							Date	Aust 25,20		

Print Form

w	/eek 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day б	Day 7
Date	YYYY-M	IM-DD	2017-09-21	2017-09-22	\$	E .			
Accommodations		\$ 171.01						= =	
		В	Ь						
Meals		L	\$15.00					6	
		S		27.00		_			
Ground Tra	ansportation	on	-	4					
Incidentals			\$ 10.00	\$ 10.00					
Other			\$ 187.22	\$ 187.22					
Totals			\$ 383.23	\$ 224.22					

Week 2	2	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date Y	YYY-MM-DD							
Accommodatio	ns							
Meals	В		8					
	L							
	5							
Ground Transpo	ortation						6	
Incidentals			_				(2)	
Other								
	W							
Totals								

Accommodations:

Detailed receipts required

Meals:

Per diem reimbursement (no receipts required) inclusive of tax & gratuities

 Breakfast
 \$13.00

 Lunch
 \$15.00

 Supper
 \$27.00

 DAILY MAXIMUM
 \$55.00*

Meal cost will not be reimbursed where the cost is included in the air fare or in registration fees at conventions, conferences, training institutions, etc.

*Meal reimbursements in excess of per diem amount require Director's approval and must be supported with appropriate detailed receipts for allowable expenses for the day.

Ground Transportation:

Detailed receipts required

Incidentals:

Daily rate \$1600 (no receipts required)

Amounts shown above are Canadian Funds
All expenses should be converted to Canadian funds on Page 1 of claim (specify conversion rate used).