			For Accou	Inting Use Only	
FAILTA		N ENSE ACCOUNT		ų ,	
REGIONAL MEDICEPAI					
VENDOR #	EMPLOYEE #				
SECTION 1 EMPLOYEE NAME (Please Pri	nt)		PERIOD OF TRAVEL		
Sam Austin			From Sep 21, 20	17 To S	ep 22, 2017
HRM WORK LOCATION		PHONE #	DESTINATION		
4th Floor, City Hall		490-4050	Sydney, Cape Bi	reton	
2000	RENCE, COURSE, NAME OF ORC				
Cape Breton Regional	Municipality Caucus N	leeting			
SECTION 2					
TRAVEL		DOWN MENU TO SELECT	AMOUNTS	CLAIM	CHARGED TO HRM
MILEAGE		Service of the Select			
Passenger _	KMS AT	PER KM			
W/ Marcini	KMS AT	PER KM		-	
SECTION 3					
MEALS AND LODGING (ATTAC	H RECEIPTS) Please see page 2	for detailed instructions			
ACCOMODATIONS	ge Sydney		\$ 160.25	1	
MÉALS			\$ 54.00		
Z Supper GROUND TRANSPORTATION	permem			_	
			·	-	
INCIDENTALS					
INCIDENTALS			\$ 10.00		
1 day			\$ 10.00 \$ 224.25	\$ 224.25	
	PENSES- NOT INCLUDED ABOVE			\$ 224.25	
1 day	PENSES- NOT INCLUDED ABOVE			\$ 224.25	
1 day	PENSES- NÓT INCLUDED ABOVE			\$ 224.25	
1 day	PENSES- NÓT INCLUDED ABOVE			\$ 224.25	
1 day	PENSES- NOT INCLUDED ABOVE	: (ATTACH RECEIPTS)			· · · · · · · · · · · · · · · · · · ·
1 day	PENSES- NOT INCLUDED ABOVE	: (ATTACH RECEIPTS)	\$ 224.25	\$ 224.25	·····
1 day	PENSES- NOT INCLUDED ABOVE	: (ATTACH RECEIPTS)	\$ 224.25 xpenses-section 2+3		\$ 224.25
1 day	PENSES- NOT INCLUDED ABOVE	: (ATTACH RECEIPTS)	\$ 224.25 xpenses - section 2 + 3 TOTAL COST	\$ 224,25	\$ 224.25
1 day	PENSES- NOT INCLUDED ABOVE	: (ATTACH RECEIPTS)	\$ 224.25 xpenses-section 2+3	\$ 224,25	\$ 224.25
1 day	PENSES- NOT INCLUDED ABOVE	: (ATTACH RECEIPTS) TOTAL E	\$ 224.25 xpenses - section 2 + 3 TOTAL COST	\$ 224,25 THIS CLAIM & CHARGE DIRECT	\$ 224.25
1 day	LESS ALVANCE REC	TOTAL TO B	\$ 224.25 XPENSES - SECTION 2 + 3 TOTAL COST E REIMBURSED TO EMPLOYI AMOU	\$ 224,25 THIS CLAIM & CHARGE DIRECT EE \$ 224.25 NT	\$ 224.25
1 day	LESS ALVANCE REC	TOTAL TO B	\$ 224.25 XPENSES - SECTION 2 + 3 TOTAL COST E REIMBURSED TO EMPLOYI AMOU	\$ 224,25 THIS CLAIM & CHARGE DIRECT	\$ 224.25
LIGIBLE MISCELLANEOUS EXF	LESS ADVANCE REC BALANCE OWING	E (ATTACH RECEIPTS) TOTAL E TOTAL TO B EVED DATED HRM	\$ 224.25 XPENSE5 - SECTION 2 + 3 TOTAL COST E REIMBURSED TO EMPLOYI AMOU Employee AMOU AMOU	\$ 224,25 THIS CLAIM & CHARGE DIRECT EE \$ 224.25 NT	\$ 224.25
1 day	LESS ACVANCE REC BALANCE OMNG	TOTAL TO B TOTAL TO B SEIVED DATED	\$ 224.25 XPENSES - SECTION 2 + 3 TOTAL COST E REIMBURSED TO EMPLOYIE AMOU Employee AMOU	\$ 224,25 THIS CLAIM & CHARGE DIRECT EE \$ 224.25 NT	<u>\$ 224.25</u>
LIGIBLE MISCELLANEOUS EXF	LESS ADVANCE REC BALANCE OWING	E (ATTACH RECEIPTS) TOTAL E TOTAL TO B EVED DATED HRM	\$ 224.25 XPENSE5 - SECTION 2 + 3 TOTAL COST E REIMBURSED TO EMPLOYI AMOU Employee AMOU AMOU	\$ 224,25 THIS CLAIM & CHARGE DIRECT EE \$ 224.25 NT	5 224.25 5 224.25
1 day ELIGIBLE MISCELLANEOUS EXF	LESS ADVANCE REC BALANCE OMING COST CENTER E200	E (ATTACH RECEIPTS) TOTAL E TOTAL TO B EVED DATED HRM	\$ 224.25 XPENSE5 - SECTION 2 + 3 TOTAL COST E REIMBURSED TO EMPLOYI AMOU Employee AMOU AMOU	\$ 224,25 THIS CLAIM & CHARGE DIRECT EE \$ 224.25 NT INT \$ 224.25	<u>5 224.25</u>
LIGIBLE MISCELLANEOUS EXF	LESS ADVANCE REC BALANCE OMING COST CENTER E200	E (ATTACH RECEIPTS) TOTAL E TOTAL TO B EVED DATED HRM	\$ 224.25 XPENSE5 - SECTION 2 + 3 TOTAL COST E REIMBURSED TO EMPLOYI AMOU Employee AMOU AMOU	\$ 224,25 THIS CLAIM & CHARGE DIRECT EE \$ 224.25 NT INT \$ 224.25	<u>5 224.25</u>

W	eek 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MI	M-DD	2017-09-21	2017-09-22					
Accommo	dations		\$ 160.25	-					
		В					_		
Meals		L							
	, e	S	\$27.00	27,00					_
Ground Tra	ansportatio	n				-			
Incidentals			\$ 10.00		4		· · · · ·		
Other		<u> </u>							
	· · · · · · · · · · · · · · · · · · ·		1						
Totals			\$ 197.25	\$ 27.00					

Wee	k 2	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD							
Accommodat	tions							
	В				11 11			
Meals	L							
	S							
Ground Trans	portation				3			
Incidentals			-					
Other								
	E							
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:	-18-1	Detailed receiptorrequired	1	
Incidentals:		Daily rate \$10.00 (no recei	pts	required)

h Amounts shown above are Canadian Funds

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