

OUT OF TOWN = TRAVEL EXPENSE ACCOUNT

For Accounting Use Only



SECTION 1				
EMPLOYEE NAME (Please Print)		PERIOD OF TRAVEL		
Waye Mason	From Jul 12, 201	7	Jul 17, 2017	
HRM WORK LOCATION	DESTINATION			
4th Floor, City Hall 490	-4050	Montreal, Quebe	ec.	
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATIO	ON ETC)	Avenue von sido pri	Access to the	
Canadian Association of Police Governance				
		·	×	
SECTION 2 TRAVEL		AMOUNTS	CLAIM	CHARGED TO HRM
TYPE Air USE DROP DO MI ME	TO SELECT	Alliabitia	CAIN	CHARGED TO HRM
	-110 10 352501	\$ 494.78		\$ 494.78
MILEAGE				
KMS AT	PER KM		-	
KMS AT	PER KM			
SECTION 3				
MEALS AND LODGING: (ATTACH RECEIPTS) Please see page Z for details	ed instructions			7
ACCOMODATIONS Centre Sheraton Montreal		\$ 804.48		
MEALS .		£ 0.5.50		
1 Lunch, 3 Supper per diem GROUND TRANSPORTATION		\$ 96.00		
Taxi		\$ 90.30		
NCIDENTALS		£ 50.00		
5 Days	\$ 50.00			
	\$1,040.78	\$ 839.67	\$ 201.11	
LIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTAC	H RECEIPTS)		1	
			ν;	
			1	
<u> </u>			J	
				9
	TOTALE	XPENSES - SECTION 2 + 3	\$ 839.67	\$ 695.89
			1	7 00000
		TATAL 8800 0		
		TOTAL COST TH	IIS CLAIM & CHARGE DIREC	FT [\$1,535.56
	5052 50 50	E RE VEURSED TO EVPLOYEE	\$ 839.67	
	10 41 J 51	e ma vathobul o EVFLOYEE		
LESS ADVANCE RECEIVED DAT	ED	avour		
	TO .			
* * BALANCE CAMAS HRM	ĺ₹	Employee 40000	\$ 839.67	
COMPANY CODE COST CENTER EXPEN	ISE CODE	AMOUNT		
		•		43
HROP - E110 6	904	\$ 839.67		
		100 100 100 100 100 100 100 100 100 100		
oloyee Signature			Date	
			Date	
The second secon				
proved by Name and Title (Please Print)				
proving Signature			Date	
				Muly 25 E

M	Veek 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD	2017-07-12	2017-07-13	2017-07-14	2017-07-15	2017-07-16		
Accommo	dations		\$ 201.11	\$ 201.11	\$ 201.11			
	В							
Meals	L					\$15.00		
	S	\$27.00		\$27.00		\$27.00		
Ground Tra	ansportation	\$ 40.00		= =		\$ 50.30	-	
Incidentals	j.	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00		
Other								
								T.
Totals		\$ 77.00	\$ 211.11	\$ 238.11	\$ 211.11	\$ 102.30		

	Week 2	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD							
Accommo	odations			. =	= .			
Meals	В							
	L							
	S	r						
Ground Ti	ransportation							
Incidental	s						<u> </u>	
Other								
						, ,		
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 \$10.00 (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).