COMPANY CODE CO	nt Form
SECTION 1 Waye Mason Waye Mason PHONE # Feb 2, 2018 Feb 3, 2018 F	
EMPLOYEE NAME (Please Print) Waye Mason Waye Mason 4th Floor, City Hall FIREWORK LOCATION 490-4050 Regional Centers Meeting ECTION 2 RRAVEL REGIONAL CONFERENCE, COURSE, NAME OF ORGANIZATION ETC) Regional Centers Meeting ECTION 2 RRAVEL 105 MAS AT 0.46 PER KM \$ 48.30 \$ 48.30 \$ 48.30 105 KMS AT 0.46 PER KM \$ 48.30 \$ 48.30 \$ 48.30 \$ 48.30 \$ 5 48.30 ECTION 3 BEALIS AND LODGING: (ATTACH RECEIPTS) Please see page 2 for detailed instructions (CCOMODATIONS) BEALIS AND LODGING: (ATTACH RECEIPTS) Please see page 2 for detailed instructions (CCOMODATIONS) 1 Day S 10.00 TOTAL EXPENSES - SECTION 2 + 3 \$ 278.59 TOTAL COST TIME CLAIM & CHARGE DIRECT \$ 278.59 LESS ADVANCE RECEIVED DATED AMOUNT S 278.59 TOTAL TO BE REMBURSED TO EMPLOYEE \$ 278.59 LESS ADVANCE RECEIVED DATED AMOUNT S 278.59 LESS ADVANCE RECEIVED DATED AMOUNT S 278.59 COMPANY CODE COST CENTER EXPENSE CODE AMOUNT	
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COMPANY CODE COST CENTER EXPENSE CODE AMOUNT	
HROP E200 6904 \$ 278.59	
ployee Signature Date	
proved by Name and Title (Please Print)	
proving Signature Date	

Week 1			Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-E	D D	2018-02-02	2018-02-03					
Accommodations		\$ 114.99							
		В		V					
Meals		L	\$15.00	\$15,00					
		S	\$27.00			e e			
Ground Tr	ansportation				88		-		3
Incidental	s		\$ 10.00					i	
Other			\$ 48.30	\$ 48.30					
							W.		
Totals			\$ 215.29	\$ 63.30					

Week 2	!	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YY	YY-MM-DD		-		8			
Accommodation	ns	- (1)			39			
	В		·					
Meals	T							
	S	62						
Ground Transpo	rtation			70				
Incidentals				©.				
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).