



OUT OF TOWN TRAVEL EXPENSE ACCOUNT

For Accounting Use Only

VENDOR #

EMPLOYEE #

SECTION 1

EMPLOYEE NAME (Please Print) Waye Mason
PERIOD OF TRAVEL From: Feb 2, 2018 TO: Feb 3, 2018
HRM WORK LOCATION 4th Floor, City Hall PHONE # 490-4050
DESTINATION Bridgewater, Nova Scotia
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC) Regional Centers Meeting

SECTION 2

Table with columns: TRAVEL TYPE, AMOUNTS, CLAIM, CHARGED TO HRM. Includes Vehicle Mileage: 105 KMS AT 0.46 PER KM, \$ 48.30.

SECTION 3

Table with columns: MEALS AND LODGING, ACCOMODATIONS, MEALS, GROUND TRANSPORTATION, INCIDENTALS, ELIGIBLE MISCELLANEOUS EXPENSES. Includes Days Inn & Conference Centre Bridgewater \$ 114.99, 2 Lunch, 1 Dinner per diem \$ 57.00, 1 Day \$ 10.00. Total \$ 181.99.

TOTAL TO BE REIMBURSED TO EMPLOYEE \$ 278.59

LESS ADVANCE RECEIVED DATED _____ AMOUNT _____

BALANCE OWING [] HRM [x] Employee AMOUNT \$ 278.59

Table with columns: COMPANY CODE (HROP), COST CENTER (E200), EXPENSE CODE (6904), AMOUNT (\$ 278.59)

Employee Signature [Redacted] Date [Redacted]

Approved by Name and Title (Please Print) [Redacted]

Approving Signature [Redacted] Date [Redacted]

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD	2018-02-02	2018-02-03					
Accommodations		\$ 114.99						
Meals	B							
	L	\$15.00	\$15.00					
	S	\$27.00						
Ground Transportation								
Incidentals		\$ 10.00						
Other		\$ 48.30	\$ 48.30					
Totals		\$ 215.29	\$ 63.30					

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD							
Accommodations								
Meals	B							
	L							
	S							
Ground Transportation								
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	<u>\$55.00*</u>

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).