



OUT OF TOWN TRAVEL EXPENSE ACCOUNT

Print Form

For Accounting Use Only

VENDOR # []

EMPLOYEE # []

SECTION 1

EMPLOYEE NAME (Please Print) Waye Mason		PERIOD OF TRAVEL From Feb 4, 2018 To Feb 5, 2018	
HRM WORK LOCATION 4th Floor, City Hall	PHONE # 490-4050	DESTINATION Toronto, Ontario	
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC) IPAC National Leadership Conference			

SECTION 2

TRAVEL TYPE	AMOUNTS	CLAIM	CHARGED TO HRM
Air USE DROP DOWN MENU TO SELECT			\$ 797.98
MILEAGE 32 KMS AT 0.46 PER KM	\$ 14.72	\$ 14.72	
32 KMS AT 0.46 PER KM	\$ 14.72	\$ 14.72	

SECTION 3

MEALS AND LODGING (ATTACH RECEIPTS) Please see page 2 for detailed instructions		AMOUNTS	CLAIM	CHARGED TO HRM
ACCOMMODATIONS Chelsea Hotel Toronto		\$ 156.60		
MEALS 1 Breakfast, 1 Dinner		\$ 40.00		
GROUND TRANSPORTATION Taxi from Airport		\$ 14.75		
INCIDENTALS 2 Days		\$ 20.00		
Total		\$ 231.35	\$ 231.35	
ELIGIBLE MISCELLANEOUS EXPENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)				
Airport Parking			\$ 44.00	
TOTAL EXPENSES - SECTION 2 + 3		\$ 304.79		\$ 797.98
TOTAL COST THIS CLAIM & CHARGE DIRECT				\$ 1,102.77

TOTAL TO BE REIMBURSED TO EMPLOYEE \$ 304.79

LESS ADVANCE RECEIVED DATED _____ AMOUNT _____

BALANCE OWING HRM Employee AMOUNT \$ 304.79

COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT
HR0P	E300	6904	\$ 304.79

Employee Signature

[Redacted Signature]

Date

[Redacted Date]

Approved by Name and Title (Please Print)

[Redacted Name and Title]

Approving Signature

[Redacted Signature]

Date

[Redacted Date]

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD	2018-02-04	2018-02-05					
Accommodations		\$ 156.60						
Meals	B	\$13.00						
	L							
	S	\$27.00						
Ground Transportation		\$ 14.75						
Incidentals		\$ 10.00	\$ 10.00					
Other		\$ 14.72	\$ 14.72					
			\$ 44.00					
Totals		\$ 236.07	\$ 68.72					

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).