					Print-Form			
	OF TOWN	ISE ACCOUNT		unting Use Only				
/ENDOR#	EMPLOYEE #							
SECTION 1			1					
EMPLOYEE NAME (Please Print)			PERIOD OF TRAVEL	on the sale went	the contract of			
Lindell Smith			From Apr 24, 20	018 To A	pr 26, 2018			
IRM WORK LOCATION		PHONE #	DESTINATION					
4th Floor City Hall	Floor City Hall 490-4050			Version British Columbia				
TOP TO SAID THE STATE CONTROL OF THE PARTY O	POSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC)			Vancouver, British Columbia				
Investigating Social Policy Issue			and the state of t	The state of the s				
ECTION 2				I s				
RAVEL			AMOUNTS	CLAIM	CHARGED TO HRM			
Paid for by Columbia	CINSTANT	WN MENU TO SELECT						
	KMS AT	PER KM		1	1			
	KMS AT	PER KM			- 8			
	NR3 AT	PERVINI		·				
ECTION 3 MEALS AND LODGING: (ATTACH RECEIPTS)	Plates especial fo	a detailed leasurations						
CCOMODATIONS		r detailed instructions	\$ 437.10	\dashv	1			
Coast Coal Harbour I	37	3 437.10	-					
2 Breakfast, 2 Lunch, ROUND TRANSPORTATION	em	\$ 110.00	_	1				
Taxi			\$ 10.00	" %]			
ICIDENTALS		<u> </u>	4 20 00		25			
2 Days			\$ 20.00	_				
LIGIBLE MISCELLANEOUS EXPENSES- NOT I	NCLUDED ABOVE: /	Total	\$ 577.10	\$ 577.10				
Proper montreament of the figure, Hot I	NOCOULD AUGUE. (ATTACH RECEIF 13)		7	48			
		7/						
		TOTAL EX	KPENSES - SECTION 2+3	\$ 577.10				
-								
			TOTAL COST	THIS CLAIM & CHARGE DIRECT	\$ 577.10			
		TOTAL TO BE	E REIMBURSED TO EMPLOY	FF \$ 577.10				
			78					
LES	SS ADVANCE RECEIV	ED DATED	AMOL	JNT				
BALANCE O	MING HR	M 🔀	Employee AMOI	UNT \$ 577.10				
			AMO					
COMPANY CODE COST CE	ENTER	EXPENSE CODE	AMOUNT					
HROP E1	10	6904	\$ 577.10					

Approving Signature

Date

Date

Date

We	ek 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD	2018-04-24	2018-04-25	2018-04-26				
Accommoda	ations	\$ 218.55	\$ 218.55					
Meals	В		\$13.00	\$13.00				
	L		\$15.00	\$15.00	2	T)	.0	
	S		27.00	\$27.00				
Ground Tran	sportation	\$ 10.00				9		
Incidentals			\$ 10.00	\$ 10.00				·
Other			12					
	ES - 12							
Totals		\$ 228.55	\$ 283.55	\$ 65.00				

W	/eek 2	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD		X.					
Accommo	dations							
Meals	8							
	L so							1 =
	S							
Ground Tra	ansportation							
Incidentals								
Other		- 5			0. =			
			67					
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).