HALIFA RIGIONAL MUNIC		WN PENSE ACCOUN	10.5	inting Use Only	€ Print Form
VENDOR#	EMPLOYEE	# 13 M	pro-		
SECTION 1					
EMPLOYEE NAME (Pleas	e Print)		PERIOD OF TRAVEL		<del></del>
Waye Mason HRM WORK LOCATION		PHONE #	DESTINATION	18	Apr 27, 2018
4th Floor, City Hali purpose of travel (co	NFERENCE, COURSE, NAME OF C	490-4050 DRGANIZATION ETC)	Windsor, Nova S	cotia	
Atlantic Mayor's C	ongress		222	5 6	
ECTION 2	15		40		
RAVEL YPE	<u> </u>		AMOUNTS	CLAIM	CHARGED TO HRM
Vehicle	USE DR	OP DOWN MENU TO SELECT			
ICEAGE	427.5 KMS AT	0.46 PER KM	\$ 196.50	\$ 196.50	
	KMS AT	PER KM			
ECTION 3					
EALS AND LODGING: (AT	TACH RECEIPTS ) Please see pag	e 2 for detailed instructions			
COMODATIONS Drove	each day		16		
EALS					V V
	ikfast, 2 Lunch per diem		\$ 56.00	. 11	
ROUND TRANSPORTATION					
CIDENTALS				·	79
3 Days			\$ 30.00		8
		Total	\$ 86.00	\$ 86.00	NO. OF A STANSBURGET OF THE PARTY.
IGIBLE MISCELLANEOUS	EXPENSES- NOT INCLUDED ABO	VE: (ATTACH RECEIPTS)		7	
		8 0 7			
				1	
			<u></u>		
9:				STATE OF STA	
		TOTAL E	XPENSES - SECTION 2+3		
		TOTALL	AT ENGLE - DESTION E + 3	\$ 282.50	
			TOTAL COST TH	IIS CLAIM & CHARGE DIREC	\$ 282.50
				£ 303.50	
		1014_109	E REIMBURSED TO EMPLOYEE	\$ 282.50	
	LESS ADVANCER	E E VED DATED	1117011		
	TESS ADVA (LE RI	EGE VE I DATED	AMDUN.		-
	BALANCE OWNG	HRM 🔯	Employee AMOUN	- \$ 282.50	
	or N mi	15.4	- AVOUN		-
COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT		
HRÓP	E300	6904	\$ 282.50		
	E300	0504	7 202.30		
loyee Signature				Date	
oved by Name ar	d Title (Please Print)				1
-					
+0					
oving Signature				Date	

W	eek 1	Day 1	.Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YYYY-MM-DD		2018-04-25	2018-04-26	2018-04-27				
Accommod	dations	4 =						
	В	-	\$13.00	\$13.00				(a)
Meals	L	\$15.00		\$15.00				
	S	3				, 7		
Ground Tra	nsportation							
Incidentals		\$ 10.00	\$ 10.00	\$ 10.00				
Other		\$ 65.50	\$ 65.50	\$ 65.50	9			
		1 1				,		
Totals	19.	\$ 90.50	\$ 88.50	\$ 103.50				

Wee	ek 2	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD							
Accommoda	tions							
Meals	В						,	
	L			1				
	S						7.	
Ground Transportation		L .	22 =					
Incidentals								
Other					_		l .	
				24				
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).