					Print Form			
HALIFA REGIONAL MUNICE		VN PENSE ACCOUN		nting Use Only				
VENDOR #	EMPLOYEE #		×		00 E 55 E			
SECTION 1								
EMPLOYEE NAME (Please	e Print)		PERIOD OF TRAVEL	700				
Waye Mason HRM WORK LOCATION		PHONE #	From Apr 19, 2018 to Apr 19, 2018  DESTINATION					
4th Floor, City Hall PURPOSE OF TRAVEL (CO.	NFERENCE, COURSE, NAME OF O	490-4050 RGANIZATION ETC)	Truro, Nova Scoti	ia Late water belonger				
UNSM Code of Cor	nduct Policy Workshop							
SECTION 2			AMOUNTS	CLAIM	CHARGED TO HRM			
TYPE Vehicle	USE DRO	P DOWN MENU TO SELECT						
VILEAGE	193 KMS AT	0.46 PER KM	\$ 88.78	\$ 88.78				
	KMS AT	PER KM						
ECTION 3 MEALS AND LODGING: (AT	TACH RECEIPTS ) Please see page	2 for detailed instructions						
CCOMODATIONS		, w		.]				
MEALS =	ch nor diam		\$ 15.00					
ROUND TRANSPORTATION	V Triper tileni		<u> </u>	•				
CIDENTALS								
1 Day		·	\$ 10.00					
HODE E MISCELL ANSOLIS	EXPENSES- NOT INCLUDED ABOV	Total	\$ 25.00	\$ 25.00				
COORCE MISCELLANEOUS	EXPENSES NOT INCLUDED ABOVE	E. (ATTACH RECEIPTS)		1				
- A								
	- N - SS-1	(# m)	13	-	*			
		TOTAL	EXPENSES - SECTION 2+3	\$ 113.78				
27				WO OLAMA A OLABOT DIOSC				
				HIS CLAIM & CHARGE DIREC	1   5   1   3.78			
		TOTAL TO E	BE REIMBURSED TO EMPLOYEE					
	LESS ADVANCE RE	ECE VED DATED	MOMA AMOUNT					
	BALANCE OWNG	HRM 🔀	Employee AMOUN	T \$ 113.78	. 9			
COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT					
HROP	E200	6904	\$ 113.78					
oloyee Signature				Date				
proved by Name a	nd Title (Please Print)							
roving Signature			+	Date				

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YYY	te YYYY-MM-DD			<u></u>	- " = I		= =	
Accommodation	าร	= = = =	5		_			
	В							
Meals	= L	\$15.00					1	
	S							
Ground Transpor	rtation							
Incidentals		\$ 10.00				e		
Other		\$ 88.78	T a		8			
Totals		\$ 113.78	(4)					

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD			_				
Accommodations		TC.L						
	В					052		
Meals	L		II.W					
	5				-			
Ground Tr	ansportation	-						
Incidental	5			- 8	<u> </u>			
Other			te:				10	
			74					
Totals	LE L						-	

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).