4				Print Form
TAT ITA	OUT OF TOWN	For Accou	nting Use Only	
	TRAVEL EXPENSE ACCOUNT	r		
REGIONAL MUNICIP		•		
VENDOR #	EMPLOYEE #			
SECTION 1				
EMPLOYEE NAME (Please I	Print	PERIOD OF TRAVEL	A.S.Witte	
		From May 10, 20	18 To 1	May 12, 2018
Waye Mason	PHONE #	DESTINATION	10	71dy 12, 2010
THE POINT POINT POINT	FIIONS #	DESTINATION		
4th Floor, City Hall	490-4050	Yarmouth, Nova	Scotia	
PURPOSE OF TRAVEL (CONF	FERENCE, COURSE, NAME OF ORGANIZATION ETC)			
UNSM Spring Confe	rence 2018			
SECTION 2		AMOUNTS	CLAIM	CHARGED TO HRM
TYPE Vehicle	USE DROP DOWN MENU TO SELECT			
	THE TOTAL CONTROL TO SELECT			
MILEAGE	632 KMS AT 0.46 PER KM	\$ 290.72	\$ 290.72	
	632 KMS AT 0.46 PER KM	7 40 40 40	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	KMS AT PER KM			
SECTION 3				
	ACH RECEIPTS) Please see page 2 for detailed instructions			
ACCOMODATIONS Rodd G	irand Yarmouth	\$ 278.30		4
MEALS		. \$ 96.00		
3 Break GROUND TRANSPORTATION	dast, 2 Lunch, 1 Supper per diem	2 90.00	-	5
	W 98			
INCIDENTALS	33	£ 30.00		
3 Days		\$ 30.00	-	
EL (015) E 100 E 1	Total	\$ 404.30	\$ 404.30	
ELIGIDLE MISCELLANEOUS E	EXPENSES- NOT INCLUDED ABOVE: (ATTACH RECEIPTS)		a 1	
Conference Fee	F200 5402			
	100		1	
		<del></del>		
				\$ 327.00 [6.90
	TOTAL E	EXPENSES - SECTION 2+3	¢ 605.03	84
			\$ 695.02	\$ 327.00
		TOTAL COST T	HIS CLAIM & CHARGE DIRECT	\$1,022.02
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ະ \$ 695 <b>ດ</b> 2	
	TOTAL TO B	BE REIMBURSED TO EMPLOYE	E 4023.02	
	LESS ADVANCE RECEIVED DATED	АПОМА	IT	
	BALANCE OWING HRM	Employee AMOUI	\$ 695.02	
COMPANY CODE	COST CENTER EXPENSE CODE	AMOUNT		
HROP	E200 6904	\$ 695.02		
	0304	7 000.02		
	THE RESERVE THE PARTY OF THE PA			
ployee Signature		11 -	Date	
47				
proved by Name and	d Title (Please Print)		62	
	A STATE OF THE PARTY OF THE PAR			
proving Signature			Date	

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YYYY-MM-DD Accommodations		2018-05-10 \$ 139.15	2018-05-11 \$ 139.15	2018-05-12				
Meals	L	\$15.00		\$15.00	_			
•	S	\$27.00						
Ground Transportatio	n							
Incidentals		\$ 10.00	\$ 10.00	\$ 10.00				
Other		\$ 145.36		\$ 145.36				
Totals		\$ 349.51	\$ 162.15	\$ 183.36				

W	eek 2	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	YYYY-MM-DD				-4 -3			
Accommodations						-	, -	
	В							
Meals	L	_	=			,		14
	\$						,	
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
 \$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).