W W A W A W	37 7				For Acco	unting Use Only	Print Form		
HALIFA	A 37	UT OF TO		4 000 LINE					
REGIONAL MUNICI		RAVEL EX	(PENSE	ACCOUN					
VENDOR#		EMPLOYE	÷ #						
FEMOUN	(A)	EMIPLOTEE							
	_}								
SECTION 1 EMPLOYEE NAME (Please	- Defeati				Inchico oc Travel				
David Hendsbee	e ennt)				PERIOD OF TRAVEL	018 To	May 29, 2018		
HRM WORK LOCATION		PHONE #			Protest May 28, 2018 To May 29, 2018 DESTINATION				
			24						
4th Floor, City Hall				4050	Liscombe, Nova	a Scotia			
PURPOSE OF TRAVEL (COI									
Wild Islands Touris	m Advance	ement Partn	ership Con	terence					
SECTION 2					AMOUNTS	CLAIM	CHARGED TO HRM		
TYPE Vehicle		USE DI	ROP DOWN MEI	NUTO SELECT	AMOUNTS	CLAIM	CHARGED TO HRM		
WILEAGE		302 57				-			
rere us feel? but he	156	KMS AT	0.46	PER KM	\$ 71.76	\$ 71.76			
	156	KMS AT	0.46	PER KM	\$ 71.76	\$ 71.76			
SECTION 3	150		0.10		1	1			
	J .								
NCIDENTALS ELIGIBLE MISCELLANEOUS		OT INCLUDED AB	OVE: (ATTACH	Total I RECEIPTS)	\$ 219.65	\$ 219.65			
NCIDENTALS ELIGIBLE MISCELLANEOUS		OT INCLUDED AB	OVE: (ATTACH		\$ 219.65	\$ 219.65 			
NCIDENTALS ELIGIBLE MISCELLANEOUS		DT INCLUDED AB	OVE: (ATTACH		\$ 219.65	\$ 219.65 	6.00.00		
NCIDENTALS ELIGIBLE MISCELLANEOUS		OT INCLUDED AB	OVE: (ATTACH	RECEIPTS)			\$ 99.00		
NCIDENTALS LIGIBLE MISCELLANEOUS		DT INCLUDED AB	OVE: (ATTACH	RECEIPTS)	\$ 219.65 \$ 219.65 EXPENSES - SECTION 2+3		\$ 99.00 \$ 99.00(GG)		
NCIDENTALS ELIGIBLE MISCELLANEOUS		OT INCLUDED AB	OVE: (ATTACH	RECEIPTS)					
NCIDENTALS LIGIBLE MISCELLANEOUS		OT INCLUDED AB	OVE: (ATTACH	RECEIPTS)	EXPENSES - SECTION 2+3		\$ 99.00 (10/05		
NCIDENTALS ELIGIBLE MISCELLANEOUS		OT INCLUDED AB	OVE: (ATTACH	TOTAL	EXPENSES - SECTION 2+3	\$ 363.18 This Claim & Charge Direct	\$ 99.00 (640)		
NCIDENTALS ELIGIBLE MISCELLANEOUS	expenses no	AT INCLUDED AB		TOTAL TOTAL TOTAL	EXPENSES - SECTION 2+3	\$ 363.18 THIS CLAIM & CHARGE DIRECT	\$ 99.00 (640)		
NCIDENTALS ELIGIBLE MISCELLANEOUS	expenses no	LESS ADVANCE	RECEIVED DAT	TOTAL TOTAL TOTAL	TOTAL COST BE REIMBURSED TO EMPLOY	\$ 363.18 THIS CLAIM & CHARGE DIRECT EE \$ 363.18	\$ 99.00 (640)		
NCIDENTALS ELIGIBLE MISCELLANEOUS	expenses no	LESS ADVANCE		TOTAL TOTAL TOTAL	TOTAL COST BE REIMBURSED TO EMPLOY	\$ 363.18 THIS CLAIM & CHARGE DIRECT	\$ 99.00 (640)		
NCIDENTALS ELIGIBLE MISCELLANEOUS	EXPENSES- NO	LESS ADVANCE	RECEIVED DAT	TOTAL TOTAL TOTAL	TOTAL COST BE REIMBURSED TO EMPLOY	\$ 363.18 THIS CLAIM & CHARGE DIRECT EE \$ 363.18	\$ 99.00(6/05		
COMPANY CODE HROP	BALANCE	LESS ADVANCE	RECEIVED DATI	TOTAL TOTAL TO	TOTAL COST BE REIMBURSED TO EMPLOY AMOU Employee AMOU	\$ 363.18 THIS CLAIM & CHARGE DIRECT EE \$ 363.18	\$ 99.00(10403		
COMPANY CODE	BALANCE	LESS ADVANCE E OWING	RECEIVED DATI	TOTAL	TOTAL COST BE REIMBURSED TO EMPLOY AMOUNT AMOUNT	\$ 363.18 THIS CLAIM & CHARGE DIRECT EE \$ 363.18	\$ 99.00 (640)		
COMPANY CODE HROP	BALANCE	LESS ADVANCE E OWING	RECEIVED DATI	TOTAL	TOTAL COST BE REIMBURSED TO EMPLOY AMOUNT AMOUNT	\$ 363.18 THIS CLAIM & CHARGE DIRECT EE \$ 363.18 UNT \$ 363.18	\$ 99.00(6/05		
COMPANY CODE	BALANCE	LESS ADVANCE E OWING	RECEIVED DATI	TOTAL	TOTAL COST BE REIMBURSED TO EMPLOY AMOUNT AMOUNT	\$ 363.18 THIS CLAIM & CHARGE DIRECT EE \$ 363.18	\$ 99.00(6/05		
COMPANY CODE HROP	BALANCE	LESS ADVANCE E OWING CENTER E200	RECEIVED DATI	TOTAL	TOTAL COST BE REIMBURSED TO EMPLOY AMOUNT AMOUNT	\$ 363.18 THIS CLAIM & CHARGE DIRECT EE \$ 363.18 UNT \$ 363.18	\$ 99.00 (640)		
COMPANY CODE HROP	BALANCE	LESS ADVANCE E OWING CENTER E200	RECEIVED DATI	TOTAL	TOTAL COST BE REIMBURSED TO EMPLOY AMOUNT AMOUNT	\$ 363.18 THIS CLAIM & CHARGE DIRECT EE \$ 363.18 UNT \$ 363.18	\$ 99.00 (640)		

Week 1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date YYYY-N	M-DD	2018-05-27	2018-05-28	2018-05-29				co =
Accommodations		\$ 109.83	\$ 109.83		· =	- 1	- 12 T	84
	В				9: 0	nv.	- 8	
Meals	L						= × =	
	5	77						111
Ground Transportati	on						1.0	
Incidentals	-							
Other		\$ 71.76		\$ 71.76				
				9				
Totals		\$ 181.59	\$ 109.83	\$ 71.76				

Week	¢ 2	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	ate YYYY-MM-DD							
Accommodati	ions							
	В							
Meals	L							
	S			- x				
Ground Transp	portation						512	
Incidentals		W		73			-	
Other	λ							
E6							A	ŝž
Totals)							

Accommodations:

Detailed receipts required

Meals:

Per diem reimbursement (no receipts required) inclusive of tax & gratuities

Breakfast Lunch Supper

\$27.00 **DAILY MAXIMUM**

\$55.00*

\$13.00

\$15.00

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).