					Print Forn
11 III 14 II 14 II 15 II	JT OF TOW			inting Use Only	
RIGIONAL MUNICIPALITY	RAVEL EXPI	ENSE ACCOUNT			
VENDOR #	EMPLOYEE #				
SECTION 1				8	
EMPLOYEE NAME (Please Print) Shawn Cleary		7/	PERIOD OF TRAVEL	10 31 32	M 13, 2010
HRM WORK LOCATION		PHONE #	DESTINATION	18 To	May 12, 2018
4th Floor, City Hall		490-4050	Yarmouth, Nova	Scotia	
PURPOSE OF TRAVEL (CONFERENCE, COL	JRSE, NAME OF ORG	ANIZATION ETC)		30014	
NSFM 2018 Spring Conference			<u> </u>		
SECTION 2			AMOUNTS	CLAIM	CHARGED TO HRA
TYPE Vehicle	USE DROP	DOWN MENU TO SELECT			ONANGED TO HA
MILEAGE					
	KMS AT	PER KM			
SECTION 3	KMS AT	PER KM		<u> </u>	
MEALS AND LODGING: (ATTACH RECEIPTS	) Please see page 2	for detailed instructions			
MEALS	1.0				2 27
GROUND TRANSPORTATION	HRM .	Small Cal			
but	had	to pul ons	10_		
NCIDENTALS	+n 0	t to / Iron			
1	La VADA (DA)		192	0 8	
ELIGIBLE MISCELLANEOUS EXPENSES- NOT	INCLUDED ABOVE:	(ATTACH RECEIPTS )			
Gas				N.	5
				]	
		4		\$ 30.00	
		TOTAL EX	PENSES - SECTION 2+3		
				\$ 30.00	
			TOTAL COST TH	HS CLAIM & CHARGE DIRECT	\$ 30.00
				W	74 30.00
			REIMBURSED TO EMPLOYEE	3 30.00	
Li	ISS ADVANCE RECE	EVED DATED	AMOUNT		
BALANCE	olang [ H	RM 🔀 E	mployee AMOUNT	\$ 30.00	
COMPANY CODE COST O		14			
		EXPENSE CODE	AMOUNT		
HROP E2	200	6904	\$ 30.00		
ployee Signature				· Date	
proved by Name and Title (Ple	ase Print)				
11 11 11 11					12
proving Signature				Date	53