

Print Form

HALIFAX REGIONAL MUNICIPALITY

OUT OF TOWN TRAVEL EXPENSE ACCOUNT

For Accounting Use Only

VENDOR #
[]

EMPLOYEE #
[]

SECTION 1

EMPLOYEE NAME (Please Print) Lisa Blackburn		PERIOD OF TRAVEL From Jun 12, 2018 To Jun 12, 2018	
WORK LOCATION 4th Floor, City Hall	PHONE # 490-4050	DESTINATION Truro, Nova Scotia	
PURPOSE OF TRAVEL (CONFERENCE, COURSE, NAME OF ORGANIZATION ETC) Shifting Gears Conference - NS Community Transportation Network AGM			

SECTION 2

TRAVEL TYPE	USE DROP DOWN MENU TO SELECT	AMOUNTS	CLAIM	CHARGED TO HRM
Vehicle				
MILEAGE	194 KMS AT 0.46 PER KM	\$ 89.24	\$ 89.24	
SECTION 3 MEALS AND LODGING: (ATTACH RECEIPTS) Please see page 2 for detailed instructions ACCOMODATIONS MEALS GROUND TRANSPORTATION INCIDENTALS Total				
ELIGIBLE MISCELLANEOUS EXPENSES - NOT INCLUDED ABOVE: (ATTACH RECEIPTS)				
TOTAL EXPENSES - SECTION 2 + 3				\$ 89.24
TOTAL COST THIS CLAIM & CHARGE DIRECT				\$ 89.24

TOTAL TO BE REIMBURSED TO EMPLOYEE \$ 89.24

LESS ADVANCE RECEIVED DATED: _____ AMOUNT _____

BALANCE OWING HRM Employee AMOUNT \$ 89.24

COMPANY CODE	COST CENTER	EXPENSE CODE	AMOUNT
HR0P	E200	6904	\$ 89.24

Employee Signature [Redacted] Date [Redacted]

Approved by Name and Title (Please Print) [Redacted]

Approving Signature [Redacted] Date [Redacted]